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ABSTRACT

This annotated bibliography lists published literature and ongoing programs concerning current issues in health education: (1) community health; (2) patient education; (3) occupational health; (4) health education methodology; (5) professional education; (6) program administration; (7) research; (8) risk reduction; (9) school health; and (10) self care. Author, subject, and program title indices are included for each entry. (CJ)

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April 1980

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CURRENT AWARENESS IN HEALTH EDUCATION

80-0400 – 80-0543

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
BUREAU OF HEALTH EDUCATION
Atlanta, Georgia 30333

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CURRENT AWARENESS IN HEALTH EDUCATION

APRIL 1980

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INTRODUCTION

Current Awareness in Health Education (CAHE) is published monthly by the Bureau of Health Education as a dissemination vehicle for the growing body of information about health education. It includes citations and abstracts of current journal articles, monographs, conference proceedings, reports, and non-published documents acquired and selected by the Bureau. CAHE also contains descriptions of programs in health education. These descriptions are prepared from information that is provided by the programs themselves or found in directories, newsletters, and similar sources. To make the information in CAHE timely, only documents published or programs of relevance since 1977 are included.

Copies of each document and supporting documentation for each program description are stored in the Bureau's permanent collection. Users of CAHE are urged to consult local public, medical, and university libraries for individual copies. Sufficient information is provided in the citations to enable users to locate copies or to contact programs.

All persons receiving CAHE are invited to contribute copies of pertinent documents and descriptions of relevant programs for possible inclusion. The Bureau also welcomes any comments on CAHE and suggestions to improve its usefulness. Write or call:

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Bureau of Health Education
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HOW TO USE CAHE

CAHE contains two types of records: informative abstracts of published literature and descriptions of ongoing programs. These records are arranged in chapters according to their major subject area. Chapter headings are used to group items generally related and include: Community Health Education; Health Education in Occupational Settings; Health Education Methodology; Patient Education; Professional Education and Training; Regulation, Legislation, and Administration; Research and Evaluation; Risk Reduction; School Health Education; Self-Care; and Sex Education. The chapter headings reflect active areas in health education as well as major interests of the Bureau of Health Education. To locate specific items of interest, users are encouraged to use the extensive Subject, Author, and Program Title indexes found in the back of each issue.

Within each chapter, citations and abstracts of documents appear first, followed by descriptions of programs. Abstracts with their citations are arranged in alphabetical order by the primary author's name, and descriptions of programs are arranged in alphabetical order by the title of the program.

Each document and program description has a unique accession number. Accession numbers of documents consist of a two-digit prefix indicating the year of publication in CAHE and a four-digit number indicating the publication sequence of the document. For example, 79-0022 indicates the 22nd document appearing in CAHE in 1979. Program accession numbers have a similar format with a "P" added following the year to indicate program, e.g., 79P-0025 indicates the 25th item published in CAHE in 1979, and that the item is a program.

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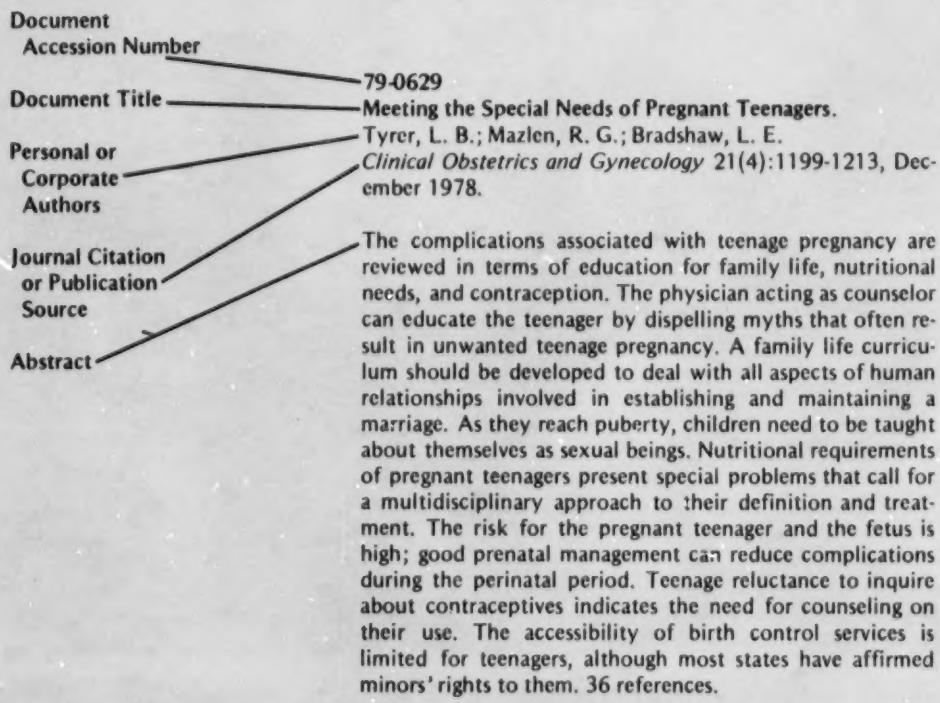
Document Accession Number
79-0629
Document Title
Meeting the Special Needs of Pregnant Teenagers.
Personal or Corporate Authors
Tyrer, L. B.; Mazlen, R. G.; Bradshaw, L. E.
Journal Citation or Publication Source
Clinical Obstetrics and Gynecology 21(4):1199-1213, December 1978.
Abstract
The complications associated with teenage pregnancy are reviewed in terms of education for family life, nutritional needs, and contraception. The physician acting as counselor can educate the teenager by dispelling myths that often result in unwanted teenage pregnancy. A family life curriculum should be developed to deal with all aspects of human relationships involved in establishing and maintaining a marriage. As they reach puberty, children need to be taught about themselves as sexual beings. Nutritional requirements of pregnant teenagers present special problems that call for a multidisciplinary approach to their definition and treatment. The risk for the pregnant teenager and the fetus is high; good prenatal management can reduce complications during the perinatal period. Teenage reluctance to inquire about contraceptives indicates the need for counseling on their use. The accessibility of birth control services is limited for teenagers, although most states have affirmed minors' rights to them. 36 references.

The distributor from which a document cited in CAHE is available to the public may be given as the last element in the citation. The most commonly cited distributors and their acronyms are listed below. Price information may be obtained from the supplier at the address given by specifying the order or stock number of the document and the form, hard copy or microfiche, desired. If the document is available from a distributor other than those listed, such as directly from the author, the address of that alternate distributor is provided.

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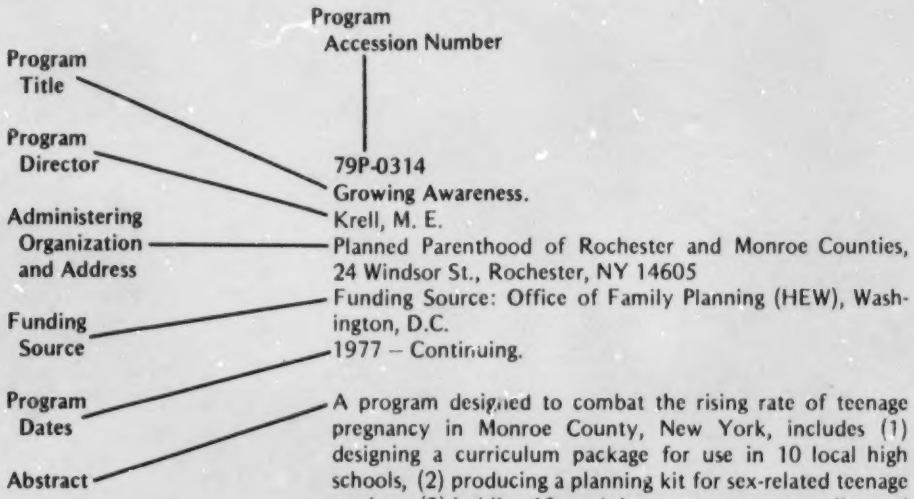
Program Accession Number
Program Title
Program Director
Administering Organization and Address
Funding Source
Program Dates
Abstract
79P-0314
Growing Awareness.
Krell, M. E.
Planned Parenthood of Rochester and Monroe Counties, 24 Windsor St., Rochester, NY 14605
Funding Source: Office of Family Planning (HEW), Washington, D.C.
1977 – Continuing.
A program designed to combat the rising rate of teenage pregnancy in Monroe County, New York, includes (1) designing a curriculum package for use in 10 local high schools, (2) producing a planning kit for sex-related teenage services, (3) holding 10 workshops on teenage sexuality and pregnancy for health professionals, (4) holding a 1-day "high-visibility" conference on young men and sexuality, (5) conducting a mass media campaign to attract teenagers, and (6) establishing a hotline. An Adult Advisory Group and a Teenage Advisory and Reaction Group participate in the program.

CAHE contains three indexes. They are: (1) Author, which contains the names of personal and corporate authors of documents and directors of programs; (2) Subject, which contains subject descriptors, including geographic location, for both documents and programs; and (3) Program Title, which contains names of programs that are either mentioned in documents or detailed in program descriptions.

COMMUNITY HEALTH EDUCATION

80-0400
Mother and Child Health in Africa: The Role of Health Education.
Ademuwagan, Z. A.; Oduntan, S. O.; and Familusi, J. B.
Israel Journal of Medical Sciences (Jerusalem) 13(5):508-513, May 1977.

Research and practical experience clearly indicate that most mother and child health problems in Africa are preventable. Most are associated with poor personal hygiene and environmental sanitation, ignorance, poverty, and inadequacy or nonutilization of available health services. Improved health planning can either alleviate or totally abolish many of these problems. Health education is an integral part of mother and child health and other medical care programs. Because the reaction of the individual to medical intervention is largely determined by the sociocultural and community environment, health education should not be directed toward the health-deficient target population alone, but toward the community as a whole. 24 references.

80-0401
How to Work With Senior Citizen Organizations.
American Dental Association, Chicago, Ill. Council on Dental Health and Health Planning; and American Dental Association, Chicago, Ill. Council on Prosthetic Services and Dental Laboratory Relations.
(Chicago), the Association, 20 p., June 1978.

Guidelines toward solving oral health care problems among the 23 million elderly in America address issues related to the delivery of care, dental health education, and third party activities. In the area of health care delivery, the elderly require special attention to meet the needs of those seeking private practitioners, nursing home and housing complex care, and remote care. Cooperative programs, involving senior citizen organizations, community service clubs, welfare agencies, and other groups, allow assistance for the aged in transportation, patient screening, and outreach. Dental health education methods include health fairs, senior citizen dental health exchange forums, high school student involvement, nursing home in-service projects, speakers bureaus, service clubs, dental health columns in senior citizen newspapers, and reading racks at senior citizen centers. Third-party funding for these efforts originates from State and Federal senior citizen dental loan funds; prepayment plans; and reimbursements from Medicaid, Medicare, and welfare plans. 12 references.

80-0402
Preliminary Report on a Joint U.S.-Yugoslavia Five-Year Comprehensive Health Education Research Project Carried Out in Yugoslavia.
Betts, W. A.
Health Education Monographs 5(4):316-329, Winter 1977.

A 5-year effort to have been completed in 1978 tested the efficacy of health education integrated into primary care services for a rural area in Yugoslavia. The evaluation design included one study and one control health care district with pre- and postprogram surveys conducted in each area. Project planners agreed that simultaneous and interacting multiple interventions applied in concert had the best possible chance of achieving health behavior change. With the exception of mass media, the program employed the widest possible range of health education methods currently known and used in health education practice, including mobile counseling clinics, well-baby clinics, and health education curricula in elementary schools. The project's large, organized staff represented a cross section of health professionals. Baseline and longitudinal results after 4 years of operation indicate that the program had effected preselected, desirable behaviors associated with early cancer detection and maternal and child health. The project demonstrates that health education can be measured in terms of behavioral changes in comprehensive health service systems. 18 references.

80-0403
The Use of Traditional Means of Communication in an African Community.
Fehrsen, G. S.; Shasha, W.; and Simon, B.
International Journal of Health Education (Geneva) 22(2):122-124, 1979.

Through the traditional media of songs, dramatized ritual, and dance and rhythmic movement, the ends of health education have been forwarded in the areas of Mount Ayliff and All Saints Hospitals in South Africa. Depending on the occasion, health workers dress in the traditional clothing of the indigenous population and attend the day's event. The team begins by singing one of the more general songs and continues in a format alternating songs and

short sketches, each of which capsulizes some health message. Participants and groups visited seem to enjoy the format, and much spontaneous repetition indicates retention of content. Experience gained by health education personnel in the preprogram workshop and in writing the songs has helped them become more sympathetic to the village people. The initial response has created so much enthusiasm that a regular radio program has been developed and further workshops organized in an attempt to spread the message and skills used.

80-0404
Nutrition, Health, and Population in Strategies for Rural Development.
Johnston, B. F. and Meyer, A. J.
Economic Development and Cultural Change 26(1):1-23, October 1977.

The close relationships among poverty, malnutrition, poor health, and economic underdevelopment in the world's rural areas demand an integrated approach to the delivery of health, nutrition, and family planning services. Three sets of variables seem to influence family size: (1) the number of children parents would want if fertility regulation were free, which is a function of preferences, income, and other prices; (2) the number of children parents would want if they perceived no need to limit fertility, which is influenced by cultural and physiological factors as well as the survival prospects of the children; and (3) the costs of fertility regulation, which include both subjective and objective costs. Rural development strategies should attempt to simultaneously expand food production and increase the efffective demand of low-income households. Agricultural patterns can become more efficient, production rates can increase, and development can occur if a composite package delivering health, nutritional, and family planning services in these areas is implemented. These concerns should receive particular consideration before accelerated economic growth begins. Numerous references.

80-0405
Village Health Education and Oral Diarrhoea Therapy (Letter).
Nalin, D. R.
Lancet (London) 1(8159):99, January 12, 1980.

The reduction in diarrheal case-fatality rates with oral rehydration carries work in hospitals, outpatient clinics, and homes a step further. Contrary to some reports, health education, through instruction in the preparation of oral solutions, nutrition, leaflet distribution, awareness reinforcement, public programs and talks, and dissemination of information via schools, has played a major role in the success of this effort.

80-0406
Nutrition Education Through Domiciliary Management of Energy-Protein Malnutrition.
Shah, P. M.
Indian Journal of Nutrition and Dietetics (Coimbatore) 15(7):228-232, 1978.

The impact of domiciliary nutrition education on the awareness, attitudes, and practices of mothers and mother-substitutes within a World Health Organization (WHO) project in rural India is examined and observations from various studies carried out at the grassroots level are presented. More than 80 percent of the mothers in a sample tribal village whose children were severely malnourished were daily wage earners, many of whom left mothering to mother-substitutes who were themselves children. Not only were the distances between households and health centers prohibitive, but also the nutrition education program which had been provided within the hospital and the type of diet offered to the child at the time of hospital management were different from the possible at-home regimen. The at-home program, on the other hand, proved successful, even if mothers tended to attribute success to medicines rather than the new nutritional regimen. The at-home program involved door-step canvassing by 29 part-time social workers in 60 villages. Efforts were concentrated on communicating the message that weight gain, growth, and health are positively related. Monthly weighing and growth curves illustrated the effectiveness of this approach to mothers. The program effectively encouraged mothers and substitutes to introduce semisolid foods into their children's diets at the proper stage in their development. 14 references.

80-0407
The Community Nutritionist as Change Agent.
Sims, L. S.
Family and Community Health 1(4):83-92, February 1979.

An understanding of the change process and principles of human behavior will help the nutritionist who is employed

by community agencies serve as a change agent with clients. In an ideal program of planned and directed change, innovations emanate from the planners of change, through the change agent, to the client, who must decide whether to adopt the change. The innovation-decision process has four main steps; (1) exposure of the individual to knowledge; (2) formation of a favorable or unfavorable attitude in the mind of the individual; (3) engagement in activities which lead to a choice to adopt or reject the innovation; and (4) reinforcement of the decision. Strategies for change comprise four categories: (1) facilitative, which help the target audience implement changes more easily; (2) reeducational which consist of unbiased presentations of facts to justify actions; (3) persuasive, which encourage change partly through a biased structure and presentation of a message; and (4) power, which use coercion to obtain compliance.

80P-0408
Health Minutes.
Benjamin, J.
Children's Television Workshop, One Lincoln Plaza, New York, NY 10023
Funding Source: Xerox Corp., Stamford, Conn.
1979 - Continuing.

The Latin American "Health Minutes," comprising fifty 1-minute messages for television and radio, disseminate basic health information to improve people's health, particularly the lower income segments of the population who have the most need for health information. The messages are designed to encourage people to take better care of themselves and to use neighborhood health centers before their problems become serious and require hospitalization. The messages, presented in Spanish and Portuguese, are based on the telenovela, a popular form of Latin American television entertainment that depicts real situations in dramatic ways. The approach is indirect, with no preaching or lecturing, and covers maternal and child care, communicable diseases, sanitation, accidents, or illness care. The content was established through extensive discussions with health, education, and communications experts in Latin America and the United States, with cooperation from major universities and prominent international organizations. All writing, artwork, and filming was done in Latin America by Latin Americans. Results from test screenings indicate that the messages were appealing and retained by the viewers. They are available for broadcast for 5 years beginning in 1979.

HEALTH EDUCATION IN OCCUPATIONAL SETTINGS

80-0409
Building a Healthier Company.
Blue Cross Association, Chicago, Ill.; Blue Shield Association, Chicago, Ill.; President's Council on Physical Fitness and Sports, Washington, D.C.; and American Association of Fitness Directors in Business and Industry, Washington, D.C.
Chicago, Ill., Blue Cross Association, 17 p., 1978.

Since 50 to 100 percent of a company's effectiveness depends upon the health of its employees, each company should build a health and fitness plan around its capabilities and needs. Medical intervention affects only about 10 percent of the factors that determine a person's health, while the remaining 90 percent are determined by factors over which doctors have little control. Further statistics indicate that adults who engage in fitness activities are less often ill, less frequently absent from work, less accident-prone, less dependent on medical intervention, more socially capable, and able to endure all types of work longer. The fact that more than 300 companies employ full-time fitness directors attests to the validity of such expenditures. Studies of these programs refute arguments that: (1) time used for exercise reduces productivity; (2) only fitness buffs will participate; (3) liability for injuries or heart attacks is prohibitive; and (4) simple encouragement by management of employees to keep fit is enough. Once the decision has been made to institute a program, backers must be sure to obtain the full support of management, find the right leader, and suit the program to that business's particular situation.

80-0410
Employee Fitness.
Collis, M. L.
Ottawa, Health and Welfare Canada, Supply and Services Canada, 130 p., 1977.

Data from more than 50 Canadian groups involved in employee fitness programs provided information for the development of program guidelines. Program development requires the demonstration of the necessity for a fitness program through some instrument such as a questionnaire, formation of a fitness committee, appointment of a fitness director, establishment of initial exercise testing facilities and activity areas, initiation of an awareness campaign, fitness testing and exercise counseling, implementation and evaluation of a pilot program, publication of the success of the pilot program, expansion of

program and facilities, and leadership training. Other areas receiving particular attention include opportunities to promote lifestyle change in a residential course or conference setting, employee groups with special fitness requirements, legal aspects of a fitness program, and first-aid and safety considerations. Resource materials and a list of sample programs are included.

80-0411
A Business Perspective on Industry and Health Care.
Goldbeck, W. B.
New York, Springer-Verlag, 70 p., 1978.

Insights into the practical aspects of industry as a payer, provider, and consumer of health services are discussed. Industry's role in health policy formulation is rather new and thus neither cohesive nor comprehensive. Employers are assuming roles as key change agents at the local level to bring about more cost-effective medical care delivery without any reduction in the quality of that care. At the Federal level, industry is slowly becoming a respected partner, but it is not yet clear how much of a long-term effort industry is willing to make or how seriously the government is taking the effort now expended. Much of the current debate concerns the rationing of health and medical care. Waste and duplication have resulted in company insurance premiums going up 100 percent while health benefits have expanded less than 20 percent. In an effort to change this situation an examination is made of (1) the extension of health programs beyond simple medical care; (2) the entrance of industry into health policy; (3) the role of industry and government in health planning and resource allocation; (4) redefinition of the industrial health program; (5) issues pertinent to industrial health programs; and (6) models of industrial involvement. Policy recommendations involve the domains of health education, reimbursement, planning, quality assurance, and insurance. Numerous references.

80-0412
A Cardiovascular Health Program for Chicago Police.
Nolan, S. W.
Police Chief 46(8):54-55, August 1979.

The Chicago Police Department Cardiovascular Health Program, established in conjunction with the Chicago Heart Association, has developed a 1-day seminar to be repeated until all members of the Department have attended. The seminar consists of six basic components: (1) a videotape discussion which emphasizes the commitment of the Chicago Police Department to a healthy work force through prevention; (2) a coordinated film and lecture on the circulatory system; (3) a lecture and group discussion on risk factors for cardiovascular disease, with particular emphasis on cigarette smoking and high blood pressure; (4) a session on exercise; (5) a session on stress; and (6) a session on diet. The objective of an evaluation of the program is to demonstrate the need for a cardiovascular program for law enforcement officers, resulting in longer, more productive lives for officers and their families.

80-0413
OHN's Assume a Prominent Role on the Health and Safety Team.
Ossofsky, E. W.
Occupational Health and Safety 47(1):40-44, January-February 1978.

The role of the occupational health nurse (OHN) has expanded to the point where a team effort is required. The team consists of a safety professional, an industrial hygienist, a physician, the employer, and the employee. Continuing assessment of the work environment by the hygienist with the aid of the team is essential. According to the American Nurses Association, the OHN has a nursing care function and a collaborative function. The collaborative function involves cooperating with management and the health team in identifying employee safety and health needs, developing program objectives, performing health examinations, and recommending nursing functions. The nursing function largely involves primary care nursing, usually rendered in the form of emergency care, and health counseling, which also involves some of the administrative duties of the collaborative function. The nurse must also plan and design company health programs and maintain all Federal and State forms pertaining to worker's compensation, health insurance, safety regulations, and related areas. Finally, the OHN must act as an educator, a role which encompasses orientation of new employees, information dissemination concerning employee health services and health and welfare plans, preretirement preparation, recognition of safety hazards, and use of protective equipment.

80-0414
Police Physical Fitness Is Subject of New Film, Workshops and Publication.
Price, C. S.
Police Chief 45(1):18-19, January 1978.

A study recently completed by the International Association of Chiefs of Police shows a distinct increase in coro-

nary heart disease (CHD) risk with age among police officers. CHD has been related to several risk factors such as excessive body fat, elevated blood pressure, smoking, excessive emotional stress, physical inactivity, and family history. The results of the study of police officers aged 36 to 52 indicate that although police officers are aware of both the emotional stress associated with their occupation and their own ability to control their health, these perceptions are not translated into actions such as regular exercise or mechanisms for dealing with emotional stress. Thus, the study has prompted the development of a police fitness program which includes a 20-minute film entitled "The Silent Killer: A Call to Fitness" and a series of special exercises designed to meet the conditioning needs of police officers. The program materials are available through the Travelers Film Library in Hartford, Connecticut.

80-0415
An Industrial Hypertension Screening Program.
Wallis, W.
Occupational Health Nursing 26(5):7-8, 11-20, May 1978.

During the spring and fall of 1974, a hypertension screening program was conducted in a large industrial company of 1,500 white, sedentary employees in northcentral Wisconsin. The program received the sanction and cooperation of management and the county medical society; set aside sufficient time for screening so that all levels of employees could be reached; and assured confidentiality to all participants. The spring phase involved (1) a preliminary screening of 564 of the employees through a questionnaire on personal and family history, (2) a blood pressure check, and (3) referral to a physician in cases where blood pressure was abnormally high. The fall phase, aimed particularly at those who did not respond to the spring phase, included an invitation for all employees to view an explanatory movie about high blood pressure on company time. An examination about hypertension was given to employees prior to viewing the movie and 3 months later. The test was reviewed by those in attendance, questions were answered, and an upcoming screening was promoted. A total of 636 persons signed up for the second screening, 627 of whom had missed the first screening, making an overall program total of 1,191 people. Experience and data from the two phases and subsequent followup studies indicate that health teaching on a one-to-one basis during screening, ongoing communication with doctors receiving referrals, and continued followup of participants prove valuable in high blood pressure screening. 3 references.

80P-0416
Aramco Health Education Programs.
Bloeser, C. H.; Kempf, G.; and Kirazian, B.
Arabian American Oil Company, Division of Health Education, Room L-104, Box 76, Dhahran, Saudi Arabia.
Funding Source: Arabian American Oil Co., Dhahran (Saudi Arabia).
Continuing.

Health education programs of the Arabian American Oil Company (Aramco) are designed to impart effective health information to employees and their families, encouraging personal responsibility for health and thereby reducing excessive utilization of company medical services and obviating serious illness and costly hospitalization. Services include a bilingual program in first aid, job-site classes, health conferences for supervisory-level employees, outreach services to Aramco indigenous and expatriate dependents, support for the establishment of chronic disease screening programs, dissemination of health information through Aramco publications and television, provision of information to non-Aramco requesters in the Aramco area, curriculum development assistance to the Aramco school system, establishment of risk factor intervention clinics, and assistance to community health education programs. In addition to classroom instruction and conferences, methods include television programs and bilingual pamphlets, posters, and articles for company publications. The target audience includes the company's 100,000 employees and dependents and 35,000 contractor employees. Cooperating personnel and organizations include the company medical organization; the Training and Loss Prevention Department; Ministries of Health, Education, Labor, and Social Affairs and Information; local municipal officials; the World Health Organization; and health officials throughout the Arabian Gulf area. Program evaluation will follow the annual program review to be conducted in July 1980.

80P-0417
Cardiovascular Risk Intervention Program.
Ware, B.
Ford Motor Company, 900 Parklane Towers West, One Parklane Boulevard, Dearborn, MI 48126
Funding Source: Ford Motor Co., Dearborn, Mich.
1976-Continuing.

The Ford Cardiovascular Risk Intervention Program is designed to identify those persons presently at risk of cardiovascular disease, involve them in an education program to reduce their incidence of heart disease and ensuing disability, and thereby reduce company costs attributable to the problem. Services include biomedical screening,

risk assessment, dissemination of educational materials, individual counseling, and group sessions. Methods include frequent contact with volunteers through mailings; annual rescreening; group sessions on cardiovascular risk intervention; a smoking program with a random telephone followup and 6-month and 12-month questionnaires; and general health promotion through brochures. Approximately 6,000 employees in the World Headquarters complex receive the program, which is coordinated with the company medical and food services departments. A cost-benefit evaluation is underway.

HEALTH EDUCATION METHODOLOGY

80-0418
Choices for Health Education: TV or the Teacher?
Chen, M. S., Jr.
Health Education 11(1):31-32, January-February 1980.

The efficacy of televised instruction as opposed to direct classroom instruction and which method students prefer were investigated using 20 students enrolled in an environmental health education course at Texas Tech University. Ten students were assigned to each teaching section. The lecturer's classroom instruction was simultaneously transmitted to another room for viewing by the group selected for televised lectures. The groups alternated exposure to one of the two methods of instruction for each session. Posttests were administered after each session to assess cognitive acquisition of classroom instruction. Results indicate no significant statistical differences in acquisition of cognitive information from either method. However, data from a student feedback sheet, consisting of a semantic differential questionnaire, reveal that students preferred direct classroom instruction because it allowed direct access to the instructor, while the televised lectures inhibited interchange and questioning. 2 references.

80-0419
The Receptiveness of Health Risk Appraisals in Health Instruction.
Fenger, T. A. and Byrd, J. W.
Journal of the American College Health Association 28(2):121-122, October 1979.

The Health Risk Appraisal (HRA) instrument focuses on the measurement of various health data collected from the individual to estimate the degree of health risk. The HRA process identifies preventable and unpreventable health risks for each participant, presenting the risks in graphic form to demonstrate the benefit, in terms of longevity, of reducing preventable risks. These identified precursors to disease and death serve as legitimate topics for health instruction, thus making the health education process more relevant. At a student cost of $15, the University of Minnesota (Duluth) Health Education Program developed a course utilizing the HRA concept. Students were provided with personal HRA assessments computed from family history, reported behaviors, and serum cholesterol levels. The remainder of the semester was spent in educating students toward the reduction of identified risks. Almost 94 percent of the course participants felt that it was a worthwhile experience, while over 50 percent felt that the course should be a university requirement. In addition, the vast majority felt that the University should provide HRA's through the health service, and 90 percent claimed that HRA assessments aided them in making lifestyle decisions. In sum, the HRA promotes individual responsibility for health, lifestyle examination, and the identification of conditions that may precede disease. 8 references.

80-0420
Public Health Education: A Behavioral Approach.
Garton, T.
Interaction; Journal of the Ohio Public Health Association 12(1):20-23, Spring 1979.

Behavior modification in health education can have a significant impact if educators consider the tenets of learning theory: (1) learning is enhanced by the amount of reinforcement given during the interchange; (2) active participation in the process by the learner is essential; and (3) feedback should be immediate and unambiguous. Skinnerian psychologists often focus so strongly on feedback that the active participation of the subject is overlooked. The experiential base of behavior modification has resulted in a simple linear compensatory model of decision-making, yet research on decision-making under certainty and risk has revealed that very few, if any, decisions are made in a linear compensatory manner. Most persons make decisions in nonlinear and noncompensatory fashions using heuristics to divide sources of information and weigh significant factors. The information process model of decision-making offers a better conceptualization. Based on the notion that man is an active processor of information, it implies that actions result from (1) problem recognition, (2) searching through internal memory, (3) searching for external information, and (4) evaluation and decision. This model demands that health educators help individuals become alerted to their risky behaviors so that traditional approaches to health education, such as behavior modification, can take effect.

80-0421
Drug Education (Letter).
Hill, D.
Medical Journal of Australia (Sydney) 1(2):57, January 27, 1979.

While some studies have demonstrated a negative relationship between fear arousal and persuasion to adopt health recommendations, others have demonstrated a positive relationship between low fear arousal and acceptance of health recommendations. Hence, the use of fear arousal to change behavior cannot yet be totally dismissed. Furthermore, while some studies have indicated a positive relationship between drug knowledge and use of illicit drugs, the same relationship probably does not exist for cigarette smoking. 6 references.

80-0422
Health Instruction: An Action Approach.
Kime, R. E.; Schlaadt, R. G.; and Tritsch, L. E.
Englewood Cliffs, N.J., Prentice-Hall, 365 p., 1977.

The action approach to health instruction provides a background for those preparing to teach elementary and secondary school health, and brings those currently teaching health up-to-date. Discussion of the historical background provides a philosophical basis upon which the unit, conceptual, and competency-based instruction approaches can be understood. Techniques such as group interaction skills, values clarification activities, and decision-making methods with special emphasis on the theory and process of inquiry allow the teacher to meet the personal and academic needs of the students. Illustration of the inquiry process in action gives the teacher the opportunity to understand the dynamics and benefits of the class flow which results from student assessment and teacher input. Discussion of the purpose of evaluation and the use of various instruments and techniques to determine student progress offers the teacher means of dealing with accountability, a major concern of education. A review of trends in health education exposes the educator to the current thinking of health educators and general educators concerning the instructional process. Numerous references.

80-0423
An Early Cancer Detection Questionnaire for Public Education Distribution.
Milner, L. S.
Illinois Medical Journal 155(1):24-27, January 1979.

A questionnaire concerning the presence of signs of early cancer was delivered to 25,000 homes in northern Illinois, bringing responses from 1,003 persons in 486 households. Of these, a surprisingly high number, 24 percent, had at least one positive response to the cancer warning sign questions, indicating a need for examination. This method of patient education, which alerts the public to the warning signs of cancer and encourages self-examination, has a definite place in cancer prevention programs elsewhere.

80-0424
Audiovisual Catalog.
National Inst. on Drug Abuse (DHEW, ADAMHA), Rockville, Md. Resource Center.
Rockville, Md., the Center, 32 p., September 1978.

Titles of films and filmstrips, film series, games, kits, records, tapes, and videorecords available for loan from the National Institute on Drug Abuse Resource Center are listed.

80-0425
The Selective Guide to Audiovisuals for Mental Health and Family Life Education.
Neher, J., ed.
4th ed. Chicago, Marquis Who's Who, 511 p., 1979.

An authoritative preview and careful recommendations on over 400 selected audiovisual aids for mental health and family life education are designed to aid physicians, psychologists, social workers, teachers, and others in various fields of human services who use such aids for staff training, community education, or other purposes. Topics covered include child growth and development; adults and family life; and special problems, which include alcoholism, child abuse, developmental disabilities, drug abuse, mental illness, physical handicaps and disabilities, crime and delinquency, death and dying, intergroup relationships, and suicide and crisis intervention. Information is provided on content, purpose, intended audience and uses, and any special qualities of each item.

80-0426
Current Audiovisuals for Mental Health Education.
Neher, J., ed.
2nd ed. Chicago, Marquis Who's Who, 131 p., 1979.

A compilation of 700 mental health films and other audiovisuals and their descriptions and primary audiences covers child development and growth, adults and family life; and special problems, including alcoholism, crime and delinquency, death and dying, developmental disabilities, drug abuse, intergroup relations, mental illness

and emotional disability, mental retardation, physical handicaps and illness, and suicide crisis and prevention.

80-0427
Modification of Smoking Behavior.
Pechacek, T. F.
In: The Behavioral Aspects of Smoking. Krasnegor, N. A., ed. Rockville, Md., National Institute on Drug Abuse, Division of Research (NIDA Research Monograph 26), p. 127-188, August 1979.

A selective review of programs aimed at helping smokers to quit allows insights into methodological issues in the field as well as an overview of general, nonspecific interventions and controlled experimental research on specific interventions. In the area of methodology, the validity of self-report data has been questioned seriously and is being replaced by experimental set-ups with controlled conditions. Other methodological problems include little replication of programs, broad generalization of results with little regard to differences across sample populations, and lack of awareness of social contingencies which have led to poor adherence to methodological guidelines. General interventions which receive increasing attention include public health education campaigns, public service and proprietary clinics, individual and medical counseling, and large-scale coronary prevention trials. Controlled experimental research on intervention strategies is being carried out in the areas of drug treatment, hypnosis, social-psychological approaches, and social learning and behavior modification approaches. Included under the latter rubric are (1) self-control strategies such as stimulus control, contingency contracting, and systematic desensitization; (2) aversion strategies such as electric shock, covert sensitization, cigarette smoke aversion, satiation, and less stressful alternatives; (3) multicomponent interventions; and (4) controlled smoking. 452 references.

80-0428
The Selective Guide to Publications for Mental Health and Family Life Education.
Rifken, H., ed.
4th ed. Chicago, Marquis Who's Who, 912 p., 1979.

Over 400 publications are reviewed to facilitate their selection and effective use in support of programs in mental health and family life education. The subject index provides a conceptual map to the variety of materials available, and the individual entries provide the practical information needed to determine if an item is useful for a particular situation, as well as how to obtain it. Ten areas are covered in considerable detail, including alcoholism, child abuse, developmental disabilities, crime and delinquency, death and dying, intergroup relationships, suicide and crisis intervention, drug abuse, mental illness, and physical handicaps and disabilities. Other broader categories are adults and family life, and child growth and development. Citation information includes content, purpose, intended audience and uses, and any special qualities of each item.

80-0429
Mass Media Campaigns and Health Promotion.
Shattuck, D.
Health Education (Ottawa) 17(2):4-5, June 1978.

Successful promotion of unhealthy products, which takes up a large part of the $600 spent on advertising for each Canadian family each year, suggests that health promotion goals could be reached through similar tactics. In combination with current programs that allow universal accessibility to sickness care, lifestyle programs can be seen as a first stage in mounting effective primary prevention programs. Advertising campaigns have proven successful in the areas of seatbelt use and smoking cessation and prevention, and the PARTICIPaction Canada, a private organization which receives seed money from the Federal government, has gained millions of dollars of public service media time across the nation. Though the latter approach is much cheaper than purchasing media time, it means that the spots are shown in nonprime-times to small audiences, resulting in difficulties in planning and evaluation. Moreover, the lack of immediate results from such public service programs often means premature abandonment. Saskatchewan has made a major attempt at marketing health with the mass media in an alcohol awareness program known as the Aware Program. The funding rate was 50 cents per capita, and commercials were prepared by the best production houses available. Though alcohol consumption in the province continues to rise 4 years after initiation of the project, due largely to economic factors, residents are far more aware of the problem than previously. Saskatchewan became the first province to raise its drinking age, and public protest over the liquor licensing of a fast-food chain resulted in denial of the application. Experience with this program and with the broader "Feeling Good" program aimed at healthy lifestyles suggests that each aired message should contain a positive practical suggestion, that messages should not be moralistic, that components of the program should be conceptually linked, and that a long-term commitment is necessary.

80-0430
Audiovisuals for Nutrition Education.
Society for Nutrition Education, Berkeley, Calif. National Nutrition Education Clearing House
Rev. ed. Berkeley, Calif., the Society (Nutrition Education Resource Series No. 9), 37 p., April 1979.

More than 250 reviews of audiovisual materials for nutrition educators are grouped into eight subject areas: (1) general nutrition; (2) life cycle; (3) diet, health, and disease; (4) food, general; (5) food preparation and service; (6) food habits and preferences; (7) health and athletics; and (8) food economics and concerns. At the beginning of each review the level of the intended audience and form of the material is indicated. Within the subject areas, titles are clustered by age-grade level of the intended audience. The contents are indexed by title, with a cross-reference list for all foreign language materials.

80-0431
Alcohol Education for Inpatient Alcoholics: A Comparison of Live, Videotape and Written Presentation Modalities.
Stalonas, P. M.; Keane, T. M.; and Foy, D. W.
Addictive Behaviors 4(3):223-229, 1979.

Three methods of delivering an alcohol education program--(1) live presentation, (2) videotape, and (3) written procedures--are evaluated. Subjects were 48 male inpatients at the Jackson VA Hospital, Mississippi, who were either receiving the comprehensive treatment program or medical treatment for withdrawal from alcohol. All subjects were pretested prior to beginning a program and posttested after the fourth and final sessions as well as 1 month after. Results indicate that although all three modes of presentation were effective in increasing posttest scores, the videotape procedure was the most effective. Followup data indicate a tendency toward returning to pretest levels of performance. Since comprehensive treatment of alcoholics requires an increasing amount of professional time and effort, delivery of some portion of treatment via videotape has clear clinical significance. 15 references.

80-0432
A Comprehensive Program for Meeting Psychosocial Needs of Sickle Cell Anemia Patients.
Vavasseur, J.
Journal of the National Medical Association 69(5):335-339, May 1977.

Some of the methods used at the Comprehensive Sickle Cell Center at Los Angeles County-University of Southern California Medical Center to meet the psychosocial needs of sickle cell anemia patients are explored. Emphasis in the Center is placed on the interrelationship between the Center's health team, the patient, and the patient's family. Family conferences, individual and family counseling, and parent education group techniques help the patient work toward self-sufficiency. Community involvement is in the form of panel discussions at high schools and colleges and lectures at the Department of Vocational Rehabilitation. Comprehensive research, education, medical care, and services to meet psychosocial needs must be integrated to bring the patient a satisfactory and productive life.

80-0433
Drug Education (Letter).
Webb, R. A. J.
Medical Journal of Australia (Sydney) 1(2):57, January 27, 1979.

Three factors should discourage the use of fear arousal as a means of health communication: (1) research findings, which have failed to support the viability of fear arousal as a means to effect behavior change; (2) the field experience of Americans; and (3) the Hippocratic factor, which warns against the possibility of doing more harm than good, particularly in regard to the possible positive relationship between drug knowledge and drug abuse. Furthermore, the positive relationship between drug knowledge and drug abuse probably applies to licit as well as illicit drugs. In studies of school populations, knowledge of the hazards of smoking has been associated with increased incidence of smoking, and presentations on the dangers of drug use have been associated with increased use of LSD, marijuana, and alcohol. Such results suggest that warning people of the hazards of a behavior has a boomerang effect and is therefore an unwise health communication tactic. 7 references.

80-0434
Drug Education: What Not to Do.
Webb, R.A.J.
Medical Journal of Australia (Sydney) 2(9):417, October 21, 1978.

Drug education strategies fall into four categories: (1) the one-way information approach, involving warning messages on the dangers of drugs, methods of detecting drug use by children, and methods of identifying illicit drugs; (2) the academic model, presenting scientific information to groups of up to 100 persons; (3) the personal values model, emphasizing value and empathy skills and rarely mentioning drugs; and (4) the eclectic model, involving a cross

section of methods from all other models and requiring an extended period for implementation. Only the last model can be used exclusively. Techniques that have proven counterproductive regardless of the model in which they were employed include fear tactics, simple factual approaches which disregard attitude, requests for parents to police their children which cause family strife, and the use of ex-addicts as instructors. Two factors have been identified as the leading causes of drug problems in the United States: (1) the legal-criminal model adopted toward abusers and (2) the national drug education program. Methods which may yet prove successful are (1) participation in planning by the recipients; (2) use of group process; (3) use of a low-key positive approach; and (4) extension of the educational process in time. 6 references.

PATIENT EDUCATION

80-0435
Videotape Aids Informed Consent Decision.
Barbour, G. L. and Blumenkrantz, M. J.
Journal of the American Medical Association 240(25):2741-2742, December 15, 1978.

Obtaining informed consent for clinical investigations represents a major legal, ethical, and moral consideration in human experimentation. Mechanisms for informing the patient vary widely, and usually no system exists to confirm the degree of information retained by the patient. A Veterans Administration Cooperative Study, begun in 1975, has used a videotape information package in addition to a standard written consent form to ensure uniformity. Each presentation was followed by a questionnaire to assess the amount of material learned before attempting randomization. Repeated showings were occasionally necessary and did not affect the rate of randomization. A videotape presentation, especially in cooperative studies, ensures uniformity, makes allowance for varying educational levels of patients, and provides documentation of the degree of informed consent. 6 references.

80-0436
Failure of Single-Session Dietary Counseling to Reduce Salt Intake in Hypertensive Patients.
Buccicone, J. and McAllister, R. G., Jr.
Southern Medical Journal 70(12):1436-1438, 1441, December 1977.

Twelve ambulatory, stable, hypertensive patients at the Lexington, Kentucky, Veterans Hospital were studied to determine the effect of a single, structured session of dietary counseling on daily sodium intake. After volunteering for the study, each patient collected a 24-hour urine sample which was measured for volume and creatinine, sodium, and potassium levels. Blood samples were also measured for levels of these substances. Patients completed a questionnaire concerning dietary habits and received 15 minutes of instruction in sodium restriction. Evaluation after 6 months indicated that the patients understood the material presented to them and that they perceived themselves as having substantially reduced their daily salt intake. Objective assessment of dietary sodium from measurement of 24-hour urinary sodium excretion, however, showed no single-session decrease in this patient group. The results suggest that single-session dietary counseling in hypertensive patients is unlikely to result in significant reductions in daily salt intake. 23 references.

80-0437
Patients' Understanding of Prescribed Drugs.
Fletcher, S. W.; Fletcher, R. H.; Thomas, D. C.; and Hamann, C.
Journal of Community Health 4(3):183-189, Spring 1979.

To assess the degree to which patients and physicians share basic information about medications, 143 primarily elderly patients of the Medical Polyclinic of the Royal Victoria Hospital in Montreal were asked to recall the identity, purpose, and dose schedule of medications that were prescribed for them. Patients' responses were compared with parallel physicians' responses. Patients identified 90 percent of medications prescribed, knew the purpose of 83 percent of the medications, and the correct dose schedule for 80 percent. Only 58 percent of patients knew the dosage schedule of all their medications correctly. Patients' knowledge of prescribed drugs was inversely related to the number of their medical problems and the number of medications prescribed. Lack of effective communication between physicians and patients about medications may be an important reason why patients do not follow medical advice. 7 references.

80-0438
Outpatient Treatment of Schizophrenia.
Hansell, N. and Willis, G. L.
American Journal of Psychiatry 134(10):1082-1086, October 1977.

Examination of the cases of 575 chronic schizophrenic patients who have been treated in institutions in central

Illinois over the past 15 years reveals that reliance on inpatient treatment has gradually given way to greater use of outpatient services. Effective outpatient treatment for these patients, who might otherwise repeatedly use inpatient facilities, involves a program of continual administration of neuroleptic medication combined with counseling and social and crisis services. A major component of outpatient management of these patients is education on regulating their own medication within a prescribed range, a component which adds a measure of precision that enhances the safety and reliability of the treatment program. A weekly group meeting seems to be the most effective means to reinforce the patient's ability to make the proper decisions about medication use and self-regulation strategies. 6 references.

80-0439
Diabetes Education for the West Indian Patient.
Hutchinson, J.
Journal of the Canadian Dietetic Association (Toronto) 39(3):195-197, July 1978.

A significant number of West Indians, because of inadequate educational, social, and economic resources, were restricted in their homeland to a limited variety of foods. Living now in Canada, they tenaciously retain their familiar eating patterns. Any corrections in dietary patterns to accommodate the restrictions of diabetes, therefore, must be accomplished within the individual's dietary practices. Important elements of the West Indian diet include sugar, rice, legumes, cooking oil, dark green leafy vegetables, wheat flour and its products, corn meal, margarine, salted fish and beef, and dried skim milk. In Jamaica, dark sugar, wheat flour, and cooking oil constitute the major sources of energy for the poor. The more affluent half of the population depends heavily on rice. Emphasis on milk and protein sources which are not native to the diet should be avoided. The nutritionist should emphasize soups and cheese substitutes for meat. The Caribbean Food and Nutrition Institute offers several resource booklets on the dietary patterns of West Indians. 2 references.

80-0440
How Our Audio-Visual System Upgrades and Simplifies Communication With Patients.
Knowlton, C.
Pharmacy Times 45(2):60-62, February 1979.

The Medfact patient education system offers pharmacists a source of health-related topics in a manner that is easily understandable by patients. The audiovisual cassettes have proven helpful to patients with newly diagnosed diseases, for persons interested in the ailments of friends or family, for patients referred to pharmacists by physicians to view specific films, and for patients who are waiting in line for prescriptions. The permanently synchronized, slip-in cartridge can be inserted easily into one of numerous available models of La Belle audiovisual machines, which start at $300. Cartridges can be purchased for a minimum of $70 each. Medfact cartridges cover topics such as diabetes, asthma, coronary heart disease, myocardial infarction, hypertension, stroke, breast feeding, douching, glaucoma, and cataracts. Thirty-second featurettes explaining the proper techniques of drug dosage-form administration for direct use with patients may be produced shortly, freeing the pharmacist for more important tasks and increasing patient compliance.

80-0441
Libraries and Patient Education.
LeBrun, A.
Bibliotheca Medica Canadiana (Winnipeg) 1(1):18-19, 1979.

The Ottawa Civic Hospital developed a patient education notebook of instruction sheets on the many procedures which patients routinely undergo, such as barium swallow, brain scan, and ultrasonography. Each page covers one procedure and can be removed and lent to a patient. In addition to the notebook, one of which is located at each nursing station, files and pamphlets on various diseases written for the lay person are assembled at the Media Resource Center. All material in the Center and in the hospital's library is available to patients and any other interested party without documented permission from hospital physicians. Opening the library files in this unlimited way has resulted in no ill effects.

80-0442
An Evaluation of the Effectiveness of Selected Patient Education Programs at United Hospitals, St. Paul, Minnesota, and Group Health Cooperative of Puget Sound, Seattle, Washington; Final Report.
Little (Arthur D.), Inc., Cambridge, Mass.
Cambridge, Mass., Arthur D. Little, Inc., 139 p., 1978.

Research into program impact on cost, utilization of services, and manpower implications was undertaken at two hospitals--United Hospitals in St. Paul, Minnesota, and the Group Health Cooperative of Puget Sound, Seattle, Washington--to evaluate the effectiveness of seven programs. Programs reviewed included an inpatient self-medication program, employee weight control program, patient education system for hypertension, patient education system

for cardiac care patients, smoking withdrawal program, prenatal care education program, and system orientation-system utilization program. The study gave rise to eight recommendations: (1) use of prospective evaluation designs in consumer health education programs; (2) establishment of a Federal research and evaluation program into long-term impacts of periodically reinforced, moderately funded programs; (3) investigation into the intensity of educational intervention required to produce appropriate and sustained impacts; (4) initiation of a Federal program emphasizing impact on health status, utilization of services, and manpower; (5) initiation of studies to develop methodologies, measurement instruments, and indices of success capable of consistent application across programs; (6) incorporation of health maintenance organizations into a Federal program of research and evaluation in consumer education; (7) emphasis on development of self-care programs; and (8) direction of increased Federal efforts toward consumer health education programs. 5 references.

80-0443
Hypertension Clinic Proves Effective.
McGann-Gilliland, M.
Hospitals 53(20):96, 101, October 16, 1979.

Establishment of a hypertension screening clinic in Sioux Falls, South Dakota, which included a diligent followup component, proved to be a viable means of reaching the public. A local resource committee, consisting of the president of the hospital, the director of nursing, the chief of medicine, and the director of the screening program, was organized to define the target population, establish the blood pressure level for followup, agree on dates and locales of screening, decide on procedures and forms to be used, obtain funds for implementation, and assess the progress and achievements of the program. The clinic offers one-to-one counseling during its weekly operations and a monthly public lecture on the effects of hypertension. Patient records include a medical history, a chronological record of blood pressure readings, and a listing of contacts made with health professionals. All persons with above-normal blood pressures are contacted after 1 month, after 3 months, and at the end of the year. After 1 year of operation, the clinic had brought nearly all of the 682 hypertensives that were originally uncontrolled under control. Of the high number of persons nationwide who suffer from uncontrolled hypertension because they do not take prescribed medications, a large number either claim it is because they feel good or claim they do not understand the rationale for taking the medication. The followup component of this clinic offers a method of ensuring patient compliance in taking prescribed medications. 6 references.

80-0444
Patient Package Insert Conference: Content and Format, December 11-12, 1978; Question and Answer Sessions.
Myers, A., ed.
Rockville, Md., Food and Drug Administration, 33 p., July 1979.
Available from: NTIS; Order No. PB-298 184.

A conference sponsored by the Food and Drug Administration in December 1978 reviewed the state of the art of providing drug information to patients through patient package inserts (PPI's). Meetings focused on content and format of PPI's. Presentations were made by experts in the fields of linguistics, communications, marketing, advertising, medicine, law, and technical simplification. Nursing, health education, pharmaceutical interests, and patient perspectives also received attention. Workshops concentrated on various aspects of PPI's related to particular drugs, including chlordiazepoxide, penicillin, prednisone, propranolol, and amitriptyline. Topics covered in the question-and-answer sessions included the medical perspective, the medical-ethicist's perspective, the medical writer's perspective, the legal perspective, the marketing perspective, communication perspectives, advertising techniques, and technical simplifications.

80-0445
Patient Package Inserts: Content and Format; Proceedings of the Conference Sponsored by the Food and Drug Administration, Washington, D.C., December 11-12, 1978.
Myers, A., ed.
Rockville, Md., Food and Drug Administration, Prescription Drug Labeling Staff (HEW Publication No. (FDA) 79-3089), 131 p., 1979.

A Food and Drug Administration-sponsored conference, held in December 1978, considered the state of the art of providing prescription drug information through patient package inserts (PPI's). Meetings focused on both the content and format of PPI's. Presentations were made by experts in the fields of linguistics, communications, marketing, advertising, medicine, law, and technical simplifications. Nursing, pharmaceutical interests, health education, and patient perspectives also received attention. Workshops concentrated on various aspects of PPI's related to particular drugs, including chlordiazepoxide, penicillin, prednisone, propranolol, and amitriptyline.

80-0446
A New Nurse Asks Why Preoperative Teaching Isn't Done; Three Answers From Experience.
Rayder, M., et al.
American Journal of Nursing 79(10):1992-1995, November 1979.

Experiences of a new nurse with cancer patients admitted for laryngectomies convinced her that the lack of preoperative teaching for such patients is inimical to their recovery. Her frustrations, due to an inability to alter policy in the direction of patient education, may have been the result of the insecurity felt in a new role which affected her ability to properly communicate patient needs to the head nurse, attending physicians, and the patients' families. Furthermore, her frustration might have been due to a typical belief in new nurses that patients can be taught anything and reconciled to any situation. Particularly in cases of severely disfiguring surgery, complicated in this case by the fear of cancer, certain patient apprehensions simply cannot be overcome. Moreover, fruitful directions and effective alleviation of patient fear usually are the domains of a specialist, not of a novice nurse. Finally, this example represents a classic paradox within nursing. A nurse, who dismisses the need to discuss the patient's anxieties with the patient, is shirking a responsibility which lies clearly within her domain. Often, the feeling that such activity lies outside the nurse's competency prevents such intervention. Nurses who wish to exercise their talents in this direction should work out a brief, clear strategy for patient education and consult with head nurses or physicians on implementation. 2 references.

80-0447
Asthma: The Doctor's Failure in Communication.
Reddihough, D. S.; Landau, L.; Jones, H. J.; and Rickards, W. S.
New Zealand Medical Journal (Dunedin) 88(622):322-325, October 25, 1978.

Forty-one children with asthma and their parents were interviewed at the Royal Children's Hospital in Melbourne, Australia, to assess their level of understanding of the disease, drug therapy, and prognosis; to define their fears and anxieties; and to elucidate the extent to which asthma interferes with activities and family life. Parents were asked 43 questions and children were asked 47 questions in an outpatient setting. Results indicate that (1) 80 percent of parents stated that doctors were the main source of information, while only 8 of 41 children were satisfied with their doctor's explanation; (2) both parents and children lacked a basic knowledge of the disease; (3) only 65 percent of parents and 56 percent of children had a clear concept of the drug therapy; (4) children expressed fewer fears about their asthma than did their parents; (5) both children and parents felt that the child's activities were curtailed; and (6) asthma is a great strain on all members of the family. Total care of the child with asthma should include time spent with the child to discuss the illness, time given to the parents to promote knowledge of asthma and its treatment, and time for ventilation of parental anxiety. 7 references.

80-0448
Curriculum in Patient Education.
Redman, B. K.
American Journal of Nursing 78(8):1363-1366, August 1978.

The problems of curriculum development exemplify the difficulties involved in putting patient education into practice. The goals of a curriculum include commitment to meeting a standard of patient learning outcome, differentiation of learner needs, and necessity for a philosophic-conceptual framework in which to carry out patient education. A goal of intelligent compliance must replace the current goal of simple compliance so that patient decision-making can occur within parameters. Medical records should include not only physiological data but also the kinds of decisions the patient makes. Patient needs must be differentiated so that patients requiring periodic reeducation, long-term, graduated education, acute attention, or special education programs can be handled separately. Finally, a curriculum must have a conceptual-philosophic framework to link it to societal goals; drafting a patient's bill of rights can serve such a function. The document should provide clear guidance concerning learning goals and should imply a societal rationale. The Patient's Bill of Rights of the American Hospital Association is included. 10 references.

80-0449
Clinical Care of the Patient and Family With Huntington's Disease.
Shoulson, I.
New York, National Huntington's Disease Association, 8 p., 1977.

The nature of Huntington's Disease, its neurological diagnosis, and the social care afforded its victims and their endangered families are discussed. Clinical diagnosis depends on an accurate and complete family history with emphasis on the nature and course of neurologic and psychiatric disorders in diseased family members. Genetic linkage studies and biochemical marker research may

soon permit detection at the presymptomatic stage. Social workers, clinical psychologists, nurse practitioners, and clinicians in fields of occupational rehabilitation, family planning, speech, dietetics, and physical therapy provide valuable assistance to the symptomatic patient. A close relationship between the family physician and the at-risk client is a prerequisite for adequate treatment. Initial diagnostic counseling should involve the following steps in sequential order: (1) assessment of the patient's knowledge of the disease; (2) explanation of the clinical symptoms; (3) explanation of the clinical course of the disease; (4) explanation of the hereditary nature of the disease; (5) explanation of the basic pathogenesis of the disease; (6) delineation of the late onset of symptoms; (7) explanation of the general approach to care of patients and families; and (8) reassessment of the extent of the patient's knowledge. Genetic counseling of the positively diagnosed patient should include information regarding the risk of occurrence in other family members and indication that the at-risk status may constitute a lifelong dilemma.

80-0450
The Effect of Video Tape on Presentations Made to Physicians: A Pilot Study in Patient Education.
Smith, S. S. and Roberts, W. L.
Journal of Family Practice 6(1):93-96, 1978.

A study involving 40 patients visiting the Family Practice Office at the University of Arizona Health Services Center for the first time examined the use of brief patient education in encouraging patients to present stress conditions as problems to physicians. An audio recording was made of the physician-patient encounter for all participants. The control group of 20 patients received no education prior to meeting the physician; the study group of 20 patients observed a videotape which described the relationship between stress conditions and illness, the physician's need to know about these stress conditions, and the patient's responsibility to present them to the physician. The results of the chi-square test of association applied to the number of stress conditions presented demonstrated a highly significant difference between the two groups, supporting the hypothesis that brief patient education does affect the presentation of stress conditions to physicians. 7 references.

80-0451
CATLINE as an Acquisitions Tool for Health and Patient Education Materials.
Sorrentino, S.; Fierberg, J.; and Goodchild, E. Y.
Bulletin of the Medical Library Association 66(4):458-460, October 1978.

The Los Angeles County Harbor General Hospital Medical Library and the Carson Regional Library are involved in the Consumer Health Information Program and Services (CHIPS) which is developing a health information network with the help of the CATLINE data base. An examination of the MeSH vocabulary yielded three categories of terms relevant to the search: (1) form subheadings, including amateurs' manuals, anecdotes, biography, cartoons, drawings, encyclopedias, exhibitions, humor, juvenile literature, nursing texts, personal narratives, phrase books, pictorial works, and popular works; (2) topical subheadings, including rehabilitation, nursing, and education; and (3) MeSH headings, including (Explore) Health Education, Patients-education, and (Explore) Rehabilitation. The results of searches on six subject areas through the CATLINE indicated the value of the data base as an acquisitions tool for material in the area of consumer health. This is especially true with regard to use of the subheading "popular works," which was especially valuable: little or no overlap occurred between the citations retrieved using "popular works" alone and those retrieved using other terms. The titles retrieved by using all terms except "popular works" were heavily weighted to patient education materials for the health professional. 1 reference.

80-0452
Educators Play Multiple Roles to Develop Hospital-wide Programs--Teamwork Is Our Byword for Health Education.
Sullivan, M.
Cross Reference, Manpower, Education, Careers 7(1):7-8, January-February 1977.

The Health Education Department at Saint Francis Hospital in Honolulu, Hawaii, was given the responsibility of developing and maintaining a hospital-wide program which provided a comprehensive approach and ensured that all projects were multidisciplinary, reinforcing, and coherent. By starting with a small program on high blood pressure, the department avoided intimidating those whose cooperation was needed, gained a future commitment from hospital staff, learned about program planning and coordination within the department's resource limitations, found a manageable way to carry on the process of education, and demonstrated the impact and importance of the department's effort. Dietary staff assisted by posting the hidden sodium content of many oriental and polynesian foods in the cafeteria. Local health department and pharmaceutical companies provided booklets on high blood pressure for distribution; some of the material was written in local dialects. A volunteer assisted in screenings of a local heart association film on hypertension. Informal interviews indicate that the intent of the program was

achieved in that staff and patients have shown a heightened awareness of the factors contributing to high blood pressure.

80-0453
Education in the Medical Care Setting: Perceptions of Selected Registered Nurses.
Sutherland, M. S.
Health Education 11(1):25-27, January-February 1980.

A study of the perceptions of selected registered nurses from the Fort Sanders Presbyterian Hospital in Knoxville, Tennessee, was one tool used to assess the status of patient education in that medical care setting. A questionnaire administered to 200 nurses gathered information on patient knowledge, patient recovery, home patient care, time spent on patient education, patient questions, specific cognitive patient education programs needed, appropriate teaching methods, and additional services which might enhance an ongoing patient education program. A complete assessment should also include all departments that have direct contact with patients, departments that help gather or disseminate information, and departments that help train staff members. Information provided by community agencies such as mortality and morbidity statistics related to the hospital population should also be considered. In addition, physicians and patients should be surveyed to reach an understanding of what actions the former group is willing to support and what actions are likely to be effective in influencing the behavior of the latter. Overall, an effective patient education program depends upon cooperation among the various groups. The results of the nurses' questionnaire are included. 6 references.

80-0454
Health Education Literature for Parents of Physically Handicapped Children: An Update.
Van Vechten, D.; Satterwhite, B.; and Pless, I. B.
American Journal of Diseases of Children 131(3):311-315, March 1977.

A compilation of currently available health education pamphlets, grouped by category of disease, offers the physician tools to help parents understand their child's handicap. Categories include allergies, asthma, birth defects, cerebral palsy, cleft palate and lip, congenital heart disease, Cooley's anemia, cystic fibrosis, diabetes, epilepsy, general handicaps, hearing, juvenile rheumatoid arthritis, kidney disease, muscular dystrophy, neurology, ostomy, sickle cell anemia, speech, and vision. 29 references.

80P-0455
Consumer Health Education Department.
Stelman, J.
Perth Amboy General Hospital, 530 New Brunswick Avenue, Perth Amboy, NJ 08861
Funding Source: Perth Amboy General Hospital, N.J.
Continuing.

The Consumer Health Education Department at the Perth Amboy General Hospital is responsible for developing, implementing, and coordinating health education programs for patients, hospital employees, and the community at large. The Department makes packets available on (1) development of consumer health education departments; (2) patient education programs, including diabetes, ostomy, endoscopy, myocardial infarction, presurgical operation, isolation, hysterectomy, patient teaching summary sheet, patient teaching standardization methods, infant safety seats, and breast surgery; (3) community education programs, including breast self-examination, foot care, hypertension, prevention of heart attack, childbirth preparation, six parenting classes, and Heimlich maneuver; and (4) screening, including hypertension and health fairs.

80P-0456
Patient Education Center.
Podger, K.
North Carolina Memorial Hospital, Chapel Hill, NC 27514
Funding Source: North Carolina Memorial Hospital, Chapel Hill.
Continuing.

The Patient Education Center at North Carolina Memorial Hospital develops and distributes self-instructional materials in self-care in 11 major disease categories so that patients can learn at their own rates. Because 40 percent of the patients using the center are illiterate, materials and methods were developed to educate that special population. All patients are referred for educational instruction by a health professional. Ambulatory patients and their families are escorted to the center by hospital volunteers to view audiovisual materials or read booklets with the assistance of a trained volunteer. Inpatients are supplied with audiovisual materials, a flip chart, and booklets. The patients either read the material themselves or have it read to them by the volunteer. All questions are referred to appropriate health professionals. Booklets are also available in the nurses' station, dietitians' offices, and clinic areas; notebooks of materials and rear screen film projectors are available in some waiting areas. Evaluation consists of a posttest administered to the patients at the end of each unit.

80P-0457
Patient Education Center.
Saint John Hospital, 22101 Moross Road, Detroit, MI 48236
Funding Source: Kresge Foundation, Troy, Mich.
Continuing.

The Patient Education Center at the Saint John Hospital provides information and educational teaching programs to both in- and outpatients and their families. Teaching programs are individualized and are ordered for the patients and their families by the physician. Patients are scheduled with a trained patient educator on an appointment basis. A professionally produced audiovisual, self-instructional format is utilized which includes a pretest, review sheets, and posttests. A take-home booklet is provided for reference and reinforcement. Conference time with the patient educator provides the patients and their families the opportunity to discuss the teaching program. The patient educator prepares a final report and sends a copy to the physician. Program topics include allergy, cancer, dermatology, diabetes, diet, gastroenterology, headache, hearing, heart, hypertension, obstetrics and gynecology, orthopedics, pediatrics, pulmonary disease, rheumatology, surgery, urology, vascular disease, and preventive health care. Other services include a patient education library, periodical group programs and clinics, and videotapes to patients via closed-circuit television.

80P-0458
Patient Information Library.
345-G Serramonte Plaza, Daly City, CA 94015
Continuing.

The Patient Information Library, created and owned by practicing health care professionals, is committed to providing accurate, up-to-date, quality health information. Each project has been designed with an awareness of the daily problems and needs of both the health professional and the patient of today. The 16-page booklets consist of color illustrations and easy-to-read texts on subjects such as cataract surgery, care of the lower back, breast lumps, strabismus and amblyopia, gallbladders, and hysterectomies. The company also offers full-color teaching and safety posters that are recommended for patient education and employee health and safety programs.

80P-0459
Roche Medication Education (ME) Program.
Biedenweg, A. C.
Roche Laboratories, Social Science Department, Nutley, NJ 07110
Funding Source: Roche Laboratories, Nutley, N.J.
September 1978 - Continuing.

The Roche Medication Education (ME) program is designed to (1) assist physicians and pharmacists in making the elderly better informed regarding the proper use of medication, (2) provide the elderly patient with information to encourage proper medication use, and (3) establish an awareness of the role of Roche Laboratories in medication education. The target audiences--primary-care physicians, pharmacists, and the elderly--are contacted through professional journals and consumer magazines, direct mail, public service announcements, public relations, medical symposia, liaison with professional societies and consumer groups, and involvement with various government agencies. A physician's package includes a 32-page abstract on the proceedings of a symposium on medical management and education of the elderly, informational ads in major professional journals, a poster for the waiting room listing points regarding the taking of drugs, and 150 copies of a patient-aid pamphlet. A kit for pharmacists includes an eight-page brochure offering strategies for improving compliance by the elderly, a window decal of the ME logo, a copy of the symposium abstract, and 450 copies of the patient-aid pamphlet. The elderly are contacted through magazine advertisements and television and radio public service messages.

PROFESSIONAL EDUCATION AND TRAINING

80-0460
Conceptual Areas of Death Education.
Eddy, J.; St. Pierre, R.; Alles, W.; and Shute, R.
Health Education 11(1):14-15, January-February 1980.

To understand better what practicing health educators believe should be included in a death education course designed for professional preparation, a death and dying content questionnaire was administered to 40 professionals in 1977. Based on a review of the literature, 30 cognitive content areas were identified and rated. Areas essential to professional preparation include understanding of dying friends and relatives, the meaning of death in American society, bereavement and mourning, explaining death to children, and preparation for death. Areas which should be included in death and dying courses, but which are not of primary importance, are methods and materials of death education, definitions and causes of death, cross-cultural views of death, curricular development in death education, religious views of death, euthanasia, life cycle, role of the funeral home, expressing condolences, funeral costs, psychosocial and referral aspects of suicide, and

psychosocial and biological aspects of aging. Areas which might be included are organ donation and transplant, history of death and dying, alternatives to traditional funerals, memorial services, death in children's literature, cremation, and embalming. 4 references.

80-0461
Identifying Health Counselor Effectiveness.
Everly, G. S., Jr.
Health Education 11(1):12-14, January-February 1980.

The health counselor, who brings together the knowledge of the medical professional and of the psychologist, practices in areas such as formal patient education, emotional stress counseling, drug education, weight control, counseling, family planning, rape counseling, death education, and even student health and hygiene. A study involving 290 students from randomly selected classes at the University of Maryland used a scale consisting of 55 adjectives descriptive of human behavior along with a Likert response scale to identify the perceived characteristics of health counselor effectiveness. Data, submitted to Varimax rotation-iteration, indicated that there were six independent and meaningful factors within the perceptual domain of the sample studied: trust, energy, technical skill, communicative ability, good demeanor, and good hygiene. Results of over 2,000 separate research reports made over the past 20 years are virtually identical with those of this study, indicating that trust, motivation, experience and technical skill, communications ability, and maturity are most sought after in a counseling context. It is concluded that training of health counselors should involve integration of biomedical knowledge with counseling and communication skills. 16 references.

80-0462
Nurse Practitioners in Prevention and Health Education.
Lewis, H. L.
Hospital Progress 59:80-83, January 1978.

Solutions to the problems of financing, location of service, and methodology of patient education can be provided by the nurse practitioner, who may be able to handle 60 to 80 percent of routine care. The School of Medicine at the University of California at Davis organized the Department of Family Practice to train family nurse practitioners (FNP's), a term which refers to registered nurse who have taken special courses and received certificates as nurse practitioners. Seven thousand nurse practitioners are working in the United States in pediatrics, adult medicine, public health, geriatrics, and family services. FNP's take medical histories, perform physical examinations, organize medical care plans, and provide day-to-day management of patients with routine and chronic illnesses. They provide health education as a routine part of care while emphasizing that individuals are responsible for their own health. Davis FNP's are covered for malpractice insurance through a blanket policy issued to the University of California system. The program's two-phase master's curriculum involves classroom and clinical experience followed by a 6-month internship. Though this paramedical discipline seems promising, guidelines are needed to delineate competencies and responsibilities of the FNP.

80-0463
The Art of Prevention Grows: Specialty Status Has Been Achieved.
Tucker, M.
Focus on Alcohol and Drug Issues 2(5):18-19, September-October 1979.

Prevention workers, rather than working within strictly defined and mutually exclusive disciplines within the prevention field, should adopt a generic, holistic, multidisciplinary approach. Unfortunately, some funding sources prefer programs aimed at one problem, and some prevention professionals prefer building their own territories. These problems are especially acute in rural areas where funding is particularly scarce and an attitude of benign neglect toward youth and the elderly is typical. Development of content, process, and evaluation strategies for minority programs should continue in communities whose cultural, social, spiritual, and economic conditions differ from those of the middle-class majority. Evaluation of preventive programs must provide qualitative and affective data as well as the usual quantitative statistics. To complement these measures, prevention professionals should establish credentialing procedures to parallel those under development by State governments. Finally, in the area of skills, emerging demands placed upon prevention workers require that they receive training in the areas of community organization, fund raising, grant development, administration and management, training development and delivery, and planning and evaluation.

80-0464
The Challenge of Continuing Education to Health Educators (Editorial).
Weinberg, A. D.
Health Values: Achieving High Level Wellness 3(6):287, November-December 1979.

Due to the rapid expansion of basic information in all disciplines related to health care, health educators must participate in effective continuing education. Little information exists to support the notion that professional symposia, courses, and journals have contributed to expanding the competence of the professional health educator. Hence, critical evaluation of the literature, course offerings, and symposia must accompany continued self-examination, analysis of health educators' present roles, and anticipation of their future roles.

80-0465
Drug Education for Teachers: Its Effects on Attitudes and Instruction.
Weiner, M. A.; Wish, E. D.; and Cummins, M. J.
Drug Forum 6(3):279-288, 1977-1978.

Four hundred seventy-three teachers in six school districts in St. Louis County responded to a questionnaire designed to determine the impact of drug education training on drug knowledge and perceptions of drug-related issues. The anonymous questionnaire provided information on different levels of drug education programming, district sizes, socioeconomic statuses, and geographic locations. Approximately 35 percent of the teachers reported that they had received no specialized drug training; 48 percent had received less than 1 week of training; and 17 percent had received 1 week or more of training. All measures support the assumption that increased training of teachers enhances their knowledge. Differing attitudes about school drug education and school policies toward drugs were unrelated to the amount of teacher training. 12 references.

REGULATION, LEGISLATION, AND ADMINISTRATION

80-0466
A Positive Strategy for the Nation's Health.
Breslow, L.
Journal of the American Medical Association 242(19):2093-2095, November 9, 1979.

As evidence accumulates that lifestyle constitutes the leading factor responsible for the health status of Americans, the need for a positive national health strategy becomes apparent. By regarding health problems as inevitable consequences of aging and depending almost totally on medical intervention to maintain health, the country has inadvertently evolved a negative health strategy. A positive strategy would promote personal health habits and personal responsibility, counter environmental health hazards, and reorient medicine to emphasize prevention of disease and maintenance of health. Such a strategy would involve heavy Federal funding of epidemiological research and application of epidemiological and preventive research findings on a national scale. Thus, a successful national scheme would involve environmental control measures embedded in Federal law, arrangements for medical service and methods of payment that favor prevention and health maintenance, and creation of a social milieu that will assist the American public to adopt habits crucial to good health. 14 references.

80-0467
More Emphasis and Coordination Needed in Nutrition Education.
Comptroller General of the U.S., Washington, D.C.
In: The Special Supplemental Food Program for Women, Infants, and Children (WIC)--How Can It Work Better? Washington, D.C., General Accounting Office (CED-79-55), p. 42-55, February 27, 1979.

The United States Department of Agriculture's Special Supplemental Food Program for Women, Infants, and Children (WIC), administered by its Food and Nutrition Service, strives to improve the health of pregnant and lactating women, infants, and preschool children considered to be at special nutritional risk. Improvements are needed in the program's tie-in to health services, the assessments of participants' nutritional status and related food prescriptions, participants' nutritional education, and the evaluation of the program results. Weaknesses in these areas have resulted in some local programs operating mostly as food distribution programs, similar to the food stamp program, without being directly related to participants' health status. The Congress authorized $250 million a year for the special supplemental food program for fiscal years 1976 through 1978 and has enacted legislation which will increase this amount steadily to $950 million for 1982. Using funds carried over from preceding years, the program used $370 million in fiscal year 1978.

80-0468
Healthy People; The Surgeon General's Report on Health Promotion and Disease Prevention, 1979.
Public Health Service (DHEW), Washington, D.C. Office of the Assistant Secretary for Health and Surgeon General.
Washington, D.C., GPO (DHEW (PHS) Publication No. 79-55071), 177 p., 1979.
Available from: GPO; Stock No. 017-001-00416-2.

Statistics on health promotion and disease prevention throughout the United States indicate an emerging consciousness among scientists and the health community that the nation's health strategy must be dramatically recast to emphasize the prevention of disease. Today, cardiovascular disease accounts for 50 percent of all deaths, cancer for 20 percent, and accidents for a large portion of the remainder of fatalities. One study found that people who practiced at least seven simple health habits lived an average of 11 years longer than those who practiced none of them, indicating the importance of individual responsibility in the maintenance of health. The review of risks to health involves discussion of major risk categories, risk variability, age-related risks, and the role of the individual. Health goals forwarded include specific proposals for infants, children, adolescents, adults, and the elderly. Actions suggested for maintenance of good health fall into three categories: preventive health services, health protection in relation to the environment, and health promotion. Expected advances by 1990 include a 35 percent reduction in infant mortality, a 20 percent reduction in deaths of children aged 1 to 14, a 20 percent reduction in deaths among adolescents and young adults, a 25 percent reduction in deaths among the 25 to 64 age group, and a major improvement in health, mobility, and independence for older people by reducing by 20 percent the number of days of illness among members of this group.

80-0469
Pharmaceutical and Legal Restrictions on a Drug Analysis Program.
Sinnett, E. R. and Leslie, J.
Professional Psychology 8(2):170-177, May 1977.

The dissemination of current, detailed information about street drugs is regarded as dangerous by State and Federal government agencies and the Kansas State Board of Pharmacy. Although First Amendment protections seem to apply, legal action has circumscribed the educational, research, and counseling activities of a certified psychologist and paraprofessional working under supervision. Results from street drug use analysis and information from users of street drugs suggest that both a street drug analysis program and an anonymous user report program are required to gather comprehensive, current, reliable information. Most complaints about controversial drug programs come from those over 30 or 40 years of age. Aside from the legal issues, opponents of innovative approaches to drug education have been quite naive with respect to an educational philosophy. Many opponents, for instance, see ignorance of drugs as generating fear, and see fear as preventing experimentation. At a deeper level, many seem to feel that drug abusers deserve to suffer the ill effects of their lifestyles. For these reasons, maintenance of the constitutional and philosophical right to disseminate information concerning drug abuse involves a continuing effort. 14 references.

80P-0470
Pyramid Project.
Adams, T.
Pyramid, 3746 Mt. Diablo Blvd., Suite 200, Lafayette, CA 94549
Funding Source: National Inst. on Drug Abuse (DHEW, ADAMHA), Rockville, Md. Prevention Branch.
1975-Continuing.

The Pyramid Project provides information, technical assistance, and other services to individuals and programs across the country actively involved in drug abuse prevention services. The project solicits and disseminates information on new developments and programs and also provides onsite support to prevention programs. Services provided by staff and consultants include (1) information on prevention strategies, (2) program planning and evaluation assistance, (3) development of communications with other programs and community support, (4) techniques for smoking prevention, (5) recommendations of films and other audiovisual resources, and (6) assistance in linking with and implementing Channel One, a program that utilizes community resources to provide alternative to problems that lead to substance abuse. Publications include "Prevention Resources," a periodical containing information about prevention concepts and activities, and "Films in Review," a periodical on current audiovisual resources.

RESEARCH AND EVALUATION

80-0471
Self-Responsibility in Health Care--Promotion: Motivational Factors.
Alderman, M. K.
Journal of School Health 50(1):22-25, January 1980.

An exploration of the motivational factors at work in the area of self-responsibility in health care and promotion involves analysis of people's ability and desire to adopt healthy behavior patterns. From the perspective of the individual, health status is dependent upon ability and desire in combination with environmental factors and luck. From the perspective of the health educator, re-

search has indicated that teachers tend to favor those who, in spite of low ability, exhibit great desire, and to favor less those who, in spite of great ability, exhibit little desire. The causal factors in self-responsibility demand empirical investigation directed toward (1) investigation of how and under what conditions individuals attribute their health status to ability, intention, effort, task difficulty, and luck; (2) determination of whether individuals attribute illness and wellness to the same factors; (3) determination of the degree to which people link their own behavior to their health status; (4) exploration of whether self-responsibility can be enhanced through motivational intervention; and (5) identification of reasons people stay in or drop out of health-intervention programs. 14 references.

80-0472
The Child's Image of a Young Smoker.
Bewley, B. R. and Bland, M.
Health Education Journal (London) 37(4):236-241, 1978.

The self-images of 362 boys and 128 girls, aged 10 to 12 years, were measured by using a 12-item list and compared with their image of a young person who smokes. The self-images of boys and girls differed, with boys tending to see themselves as "clever," "good looking," "good at sports," and "tough." The image of a smoker also differed on some items, more boys seeing the smoker as a "troublemaker" and "liking to do forbidden things," and more girls seeing the smoker as "grown up." The images that children had of themselves differed from their images of young smokers irrespective of their own smoking habits, although this difference was less for smokers than for nonsmokers. This fact suggests that children who smoke do not view themselves as smokers, and do not relate health education on smoking to their own practice. 12 references.

80-0473
Influence of Perceived Speaker Characteristics on Student Assessments of a Drug Education Talk.
Dembo, R.; Horowitz, S.; Schmeidler, J.; Morrison, C.; and Miran, M.
International Journal of the Addictions 14(1):147-154, 1979.

The relationship between student perceptions of the presenters of a drug talk and student assessments of its impact was examined with data gathered in a drug education experiment. Two presentational styles were employed. One speaker, who wore glasses, had a conversational style, whereas the second speaker, without glasses, gave the same talk in a more oratorical manner. Student opinion was elicited on the presenters' attractiveness, evaluation, and believability. The two presenters were labeled as policemen, ex-addicts, drug educators, or neighborhood social club members. Results from questionnaires employing semantic differential items indicate that certain aspects of the speakers' appearance and demeanor were associated with the youths' evaluation of the presentation. Designers of drug education programs should attend to the congruence between what the speaker says, the speaker's presentability, and who the speaker represents. 6 references.

80-0474
The Heart Health Profile and "The Bogus Pipeline."
Dennison, D.; Golaszewski, T.; Klick, R.; and Wolfgang, J.
Health Education 11(1):33-34, January-February 1980.

Use of a "bogus pipeline" strategy enabled evaluators of participants in a program designed to identify cardiovascular risk factors among the student body at Lancaster Central High School in Lancaster, New York, to assess accurately the honesty of students' self-reports without expensive use of biometric and blood serum measurements. In the initial phase, family histories, personal biometric data, and serum cholesterol levels were recorded and compared with self-reported behavior to locate risk factors. After this study, the instrument was revised to include a written recall of activity, diet content, relaxation, and smoking habits. A major factor of the second design was the use of the bogus pipeline technique inserted into a 6-minute cassette tape and slide presentation. The presentation offered information on the importance of the confidentiality of data; described the instructions for the completion of the dietary, activity, and smoking records; demonstrated procedures for clinically verifying students' self-reports; and reviewed the importance of the quality of data and collection procedures. Though no clinical analysis of student data was made, the principle underlying the bogus pipeline technique is that the students' belief that they are being monitored will guarantee the validity of their self-reports. Random biometric tests of some students verified this hypothesis. 7 references.

80-0475
Final Report; 1979 Health Education Resource Center Evaluation.
Gold, R., et al.
Farmington, University of Maine, Health Education and Resource Center, 2 v., 656 p., 1979.

The Health Education Resource Center (HERC) at the University of Maine at Farmington attempts to improve the health of the people of the State through an educational process directed toward individual lifestyle changes and wiser use of the health care system. The HERC oversees the development of a variety of specific projects and helps locally oriented community health education programs through hospital-based projects and mini-grants. Evaluation of the HERC consisted of a number of surveys involving the use of 11 semantic differential concepts and a goal attainment scaling tool. Among the 17 specific recommendations made after assessment, outstanding suggestions include: (1) continued use of the semantic differential instrument; (2) development of management procedures to provide a model for the operation of all health programs in the State; (3) reemphasis on the value of evaluation to be incorporated into contractual terms; (4) institution of a followup survey in the spring of 1980; and (5) establishment of procedures for evaluating in-service and teacher training workshops.

80-0476
The Effectiveness of Antenatal Education.
Hibbard, B. M.; Robinson, J. O.; Pearson, J. F.; Rosen, M.; and Taylor, A.
Health Education Journal (London) 38(2):39-46, 1979.

Interviews of 744 women during their first pregnancies were conducted at the University Hospital of Wales and St. David's Hospital in Cardiff to gain insight into antenatal education methods as well as their uptake and value. The effectiveness of antenatal education was assessed in terms of acquisition of knowledge and the level of anxiety at the time of first attendance, at 35 weeks gestation, and soon after the birth of the baby. Initial knowledge and its acquisition during pregnancy was particularly poor in the lower socioeconomic groups and in younger women. In these patients, reading difficulties were common. Mothercraft classes were beneficial, but attendance by those most in need was very poor. Acquisition of knowledge by any means, including attendance at mothercraft sessions, reduced maternal anxiety in late pregnancy. Hospital education experiences suggest that interaction with other women during mothercraft sessions was helpful; however, alternative methods of imparting knowledge, appealing topics, and incorporation of learning games into curricula are still needed. 3 references.

80-0477
Comment on Assessing Effectiveness of Health Education (Letter).
Hochbaum, G. M.
American Journal of Public Health 69(2):180, February 1979.

Those who assess the effectiveness of health education efforts must recognize the broad variety of such projects, the need for long-term programs, and the intention of health education. The myriad types of health education campaigns require that evaluators understand the content, objectives, methods, and effectiveness criteria of each before making a definitive assessment. Examining the long-term impact of periodically reinforced or one-time projects is not viable in the light of evidence that such projects have no long-term effects. Finally, since the task of health education is to induce people to adopt behaviors recommended by medical and other health professionals, it is these results, not cost effectiveness or even improved health status, which should be examined. 1 reference.

80-0478
The Importance of Follow-Up and Evaluation for Smoking Cessation Programs.
Little, C. F.
Health Values: Achieving High Level Wellness 3(6):316-318, November-December 1979.

Because institutions that offer cessation clinics are more interested in providing a public service than in conducting a research project, followup of participants and evaluation of effectiveness are not high priorities, and such activities that are undertaken rarely follow standard forms, making findings of little value. For more than 2 years the American Lung Association of Boston has offered clinics which incorporate a standardized followup and evaluation procedure, allowing comparison of the clinic's effectiveness with that of other hospital programs. The evaluation procedures are based on those recommended by the National Interagency Council on Smoking and Health and include the following data for each participant: demography, attendance, preclinic cigarette consumption, cigarette consumption during the course of the clinic, cigarette consumption at the final clinic, and cigarette consumption at 1-month, 3-month, 6-month, and 1-year intervals after completion of the clinic. Results of evaluation can be compared with the data from other programs, allowing investigation of the most effective techniques for particular populations. 6 references.

80-0479
The Stability of Health and Illness Behavior: Results From a 16-Year Follow-Up.
Mechanic, D.
American Journal of Public Health 69(11):1142-1145, November 1979.

In 1977, 302 young adults who were among 350 children first studied in 1961 responded to a questionnaire related to their health and illness behavior, allowing insight into the predictability achieved in accounting for adult responses simply by knowing how they responded as children. The previous study was designed to assess their health attitudes. The 1977 followup focused on 10 dependent measures of adult health and illness attitudes, namely, seat belt use, smoking, exercise, enjoyment of physical activity, release tendencies, attitudes toward preventive medicine, alcohol consumption, physical health, and personal control over illness. Results indicate that though varying dimensions of health and illness behavior tend to be modestly correlated, there are no single or small number of dimensions related to the concept of responsibility for health. Furthermore, patterns of health and illness behavior appear to have low levels of continuity over a 16-year period.

80-0480
An Overview of Smoking Behavior and Its Modification.
Pechacek, T. F.
In: Behavioral Analysis and Treatment of Substance Abuse. Krasnegor, N. A., ed. Rockville, Md., National Institute on Drug Abuse, Division of Research (NIDA Research Monograph 25), p. 92-113, June 1979.

An overview of data on the modification of cigarette smoking behavior from the social to intrapersonal factors allows insight into the psychology of habitual smokers who are caught in the complex interplay of social, behavioral, and pharmcological factors that characterize alcohol and drug addiction. Due to the dearth of outcome data on many forms of intervention and of information on tactics used by those who successfully quit smoking, there is a need for (1) stronger methodology in smoking research involving objective measures of smoking behavior, adequate followups, and more study and theoretical consideration of the development of treatment programs; (2) balanced advances in methodology with increased practical and clinical sensitivity to the complexity of the smoking problem; (3) recognition that a massive lifestyle modification is required for some smokers to quit; (4) adequate evaluations to be carried out in the public service area as well as in research programs; (5) data on how smokers quit without assistance or through informal public service programs; and (6) more research on the situational and personal factors which induce ex-smokers to resume the habit. Though ex-smokers share with reformed alcoholics and drug addicts the tendency to relapse into their dependencies, the controlling mechanism in smoking dependency has yet to be adequately defined. Many smokers appear more akin to dieters since both are substance-involved with behavior change depending on psychological as opposed to pharmacological factors. In fact, smoking addiction seems to bridge the gap between substance abuse and obesity from poor nutrition, suggesting that answers to all these problems may be derived from smoking research. Numerous references.

80-0481
Evaluation of Patient Education Programs.
Rand, P. H.
Physical Therapy 58(7):851-856, July 1978.

Due to recent emphasis on peer review, audit, and consumerism as well as the need to justify the contributions of third-party payers, the evaluation of patient education efforts has become a crucial duty of the clinician. Purposes for evaluation can be divided into three broad categories: (1) to determine if objectives were met, (2) to establish or justify worth, and (3) to provide information for decision-making. Aspects of development of a plan and its evaluative component include (1) determination of predisposing, enabling, and reinforcing factors related to needs; (2) specification of goals; (3) selection of criteria of success; (4) program development; (5) program implementation; (6) revision of the operating program; and (7) assessment of program outcomes. Evaluation activities which parallel these developmental aspects include (1) needs assessment on the levels of the facility, the target population, and the individual patient; (2) assessment of goals for clarity and for behavioral terms; (3) assessment of criteria and specificity of the developed program in relation to goals; (4) documentation of planned programs; (5) collection of feedback on the ongoing program; and (6) assessment of outcomes for summary evaluation and comparison with alternative program designs. Finally, the comprehensive evaluation program involves the following evaluation instruments and procedures: (1) ethnographic studies, (2) records analysis, (3) program testing techniques, (4) logical analysis, (5) expert judgment, (6) the Delphi Technique, (7) task analysis, (8) observation, (9) interviews, (10) experimentation, (11) quasi-experimentation, (12) decision theory, (13) attitude measures, (14) tests, (15) questionnaires, and (16) cost-benefit analysis. 12 references.

80-0482
Health Education and Preventive Medicine (Letter).
Stern, M. P.
New England Journal of Medicine 300(6):321, February 8, 1979.

The belief that large sample sizes, rather than successful health education, account for statistically significant improvements in biological measurements of public health reveals a lack of appreciation for the difference between the clinical and the public health points of view. For instance, even small decreases in serum cholesterol levels over large populations constitute great positive strides in the movement of public health. Such decreases, together with the decline in cigarette consumption taking place in the United States, are probably partially responsible for the continuing decline in coronary heart disease. The achievements of health education, however slight, should be supported vigorously by the medical profession to assure that favorable trends continue.

80-0483
Perception and Management of Guinea Worm Disease Among Ghanaian Villagers: A Framework for Differential Health Education Planning.
Ward, W. B.; Belcher, D. W.; Wurapa, F. K.; and Pappoe, M. E.
Tropical and Geographical Medicine (Amsterdam) 31(1):155-164, 1979.

A survey resulted from the immediate need to understand the health behavior of southern Ghanaian villagers during an epidemic of guinea worm disease. While such problems are usually studied at a time when the epidemic has abated, this study emphasized gathering data before the epidemic passed. Data on attitudes, beliefs, and practices related to guinea worm disease were gathered using a well-known framework for survey document development. Results show distinctive and somewhat differing perceptions of susceptibility, seriousness, curability, and preventability for the two ethnic groups within a single geographical area. Analysis of the survey results permitted the suggestion of various educational strategies for both groups. Although this quick survey approach must be refined before it has wide applicability, there is a significant potential for developing a simplified checklist to be used by health workers in producing a rapid educational diagnosis of a specific problem for a given population. 7 references.

80-0484
Comment on Assessing Effectiveness of Health Education; Werlin's Response (Letter).
Werlin, S. H.
American Journal of Public Health 69(2):180-181, February 1979.

An overview of all health programs is both possible and beneficial, in spite of the myriad types of health education campaigns, for it allows a general sense of the overall condition of the field. If short-term projects are not to be evaluated for long-term impact because they have little or no effectiveness, they should no longer receive funding. Finally, the limited availability of resources demands proven cost-effectiveness for any program, with improved health as the only defensible result.

80-0485
Effects of the Health Hazard Appraisal Inventory on Practices of College Students.
Wilson, R. W.; Wingender, M. K.; Redican, K. J.; and Hettler, W.
Health Education 11(1):28-30, January-February 1980.

A study involving 89 undergraduate, campus-resident students enrolled in the University of Wisconsin at Stevens Point attempted to determine the effects of the Health Hazard Appraisal (HHA) inventory on the students' health practices. The HHA inventory allows individuals to alert themselves to possible lifestyle risk factors. Six weeks after completion of the mailed inventory, 27 of the subjects returned to receive a computer analysis printout of their completed inventory. After encouraging the students to ask questions, booklets were distributed identifying local medical and health services and offering information and references on effective means of altering lifestyles. All students were encouraged to return for individual interviews. Seventeen weeks after the questionnaire was mailed out and 1 month after all individual sessions were completed, all students were contacted to inquire concerning life changes. Results of this questionnaire and a later followup indicate that life expectancy changes were slight and tended to favor the control group, that no significant differences were noted on the basis of sex, and that the informed group contained more smokers. These results indicate that the HHA was not an effective free-standing personal health behavior change tool with this college-age population. 6 references.

RISK REDUCTION

80-0486
Prevention: A Shared Responsibility.
Barrot, J.
International Journal of Health Education (Geneva) 22(3):138-142, 1979.

Preventive medicine has begun to achieve notable success in industrial nations. Three factors have contributed to this new trend: (1) new knowledge of risk factors has encouraged the control of known factors and the investigation of possible factors; (2) rising costs of medical care have forced many communities to reevaluate their health policies; and (3) a real concern for a better quality of life has emerged in all socioprofessional categories. By adequate budgeting the governments of most industrialized nations have made it possible for health education to gain wide access to mass communication; yet, though the mass media has the ability to influence societal values about health, personalized information must be developed to reinforce the media's general approach. The involvement of British physicians in the antismoking campaign is an example of personalized reinforcement. Further intervention strategies include the regulation of advertisements of hazardous products, and the exchange of information on successful interventions within the European Economic Community. However, no program, legislative package, or information network will raise the general level of health unless an effective appeal is made to the audience's intelligence and conscience.

80-0487
Positive Lifestyle Project.
Bonaguro, J. A.
Health Education 10(5):8-9, September-October 1979.

The Positive Lifestyle Project (PLP) at Ohio University aims at allowing students enrolled in personal and community health classes to assess lifestyles and make desired changes. Projects concentrate on weight control, exercise, and smoking; and students are encouraged to focus on one problem at a time. A daily log is kept by the student to reveal patterns, provide a baseline for assessing current behaviors, and suggest strategies for change. Journals, textbooks, and interviews with health professionals are used to validate the effectiveness of the projects for the benefit of the participants. The final activity of the program enables the student to evaluate the impact of PLP on target behaviors. Results from pre- and postprogram evaluation of the participants, who ranged in age from 18 to 26 years, indicate that there was a significant difference between initial and final weights, that the PLP had a significant effect upon the number of students exercising on a regular basis, and that there was an insignificant decrease in the number of smokers. Thus, the 8-week program proved to be an effective learning activity for changing and reinforcing health behaviors. Further research is needed into student motivation and values and the long-term effects of the program. 2 references.

80-0488
Smoking in Children and Adolescents: Psychosocial Determinants and Prevention Strategies.
Evans, R. I.; Henderson, A.; Hill, P.; and Raines, B.
In: The Behavioral Aspects of Smoking. Krasnegor, N. A., ed. Rockville, Md., National Institute on Drug Abuse, Division of Research (NIDA Research Monograph 26), p. 71-96, August 1979.

The constant percentage of teenage boys and the rising number of teenage girls who smoke indicate the need to study the psychosocial factors that contribute to smoking and how those factors can be applied to antismoking strategies. Fear arousal techniques have failed because the immediate gratification obtained by peer acceptance and by participation in behavior that indicates adult status outweigh the distant and sometimes vague dangers of smoking. In addition, the communication of risk factors is too general and not sufficiently personalized. In the area of program evaluation, there is a lack of firm data on whether past and present programs have had any effect on the behavior of potential smokers. Discussion of current smoking patterns and beliefs, relevant conceptual models in developmental and social psychology, typical psychosocial influences in the smoking decision, critical evaluations of some current prevention programs, and some recommendations for future research and prevention programs allow elaboration of the problems of adolescent smoking and offer suggestions for future action in this area of public health. 89 references.

80-0489
Deaths in Cold Water.
Graham, J. M. and Keatinge, W. R.
British Medical Journal (London) 2(6129):18-19, July 1, 1978.

Though most efforts to reduce loss of life due to accidents in the waters of Britain are directed at improving swimming abilities, immersion in cold water constitutes a much larger contributing factor to drowning than does inability to swim. In 1971, the Central Council of Physical Recreation disseminated guidelines which can greatly reduce or prevent drowning due to immersion in cold water. Since 1971, the number of deaths due to sinking of boats, falling overboard, and other accidental submersions fell significantly in the 5- to 14-year-old age group only. The high proportion of good swimmers among those who died in all age groups suggests that many may be over-confident by their swimming ability and unaware of the specific dangers of cold water. Warnings such as those which the British Broadcasting Corporation broadcast recently, when weather forecasts predicted particularly hazardous

combinations of sunny weather and cold water, may offer the best means of catching people's attention. These and other forms of warning should include directions to wear life jackets when aboard small craft in cold water, to float rather than swim if forced into the water, and to keep on warm clothing and the life jacket even in the water.

80-0490
The Role of Nutrition Education in Dietary Improvement.
Guthrie, H. A.
Food Technology 32(9):89-90, September 1978.

If nutrition education is to have an impact, it must utilize a multifaceted approach. It must (1) provide the array of information necessary to make an informed decision; (2) give individuals the skill to integrate, synthesize, and process the information; and (3) motivate them to act on this information to make intelligent, informed, and purposeful food choices.

80-0491
A Comparative Study of Food Habits: Influence of Age, Sex, and Selected Family Characteristics. II.
Haley, M.; Aucoin, D.; and Rae, J.
Canadian Journal of Public Health (Ottawa) 68(4):301-306, July-August 1977.

Analysis of food intake of students aged 10, 13, and 15 years, representing 14 nonurban communities in Nova Scotia in 1970, and followup studies 3 and 5 years later indicate a correlation between age of students and adequacy of food intake. The same survey form was used in all studies. Results indicate that 54 percent of the 10-year-olds in 1970 reported adequate diets, compared with 37 percent of the 13-year-olds 5 years later, and 26 percent of the 15-year-olds 5 years later. Moreover, the percentage of 13-year-olds with adequate scores in 1973 (37 percent) was less than the same age group in 1970 (49 percent). The percentage of 15-year-olds with adequate nutritional reports remained stable over the 5-year period. These findings demonstrate that the food habits of students surveyed in the same community have deteriorated with age from the age of 10 years in 1970 to the age of 15 years in 1975. The study also found a positive correlation between parental education and the nutritional adequacy of the child. These studies suggest that attention must be directed toward increasing consumption of fruit and vegetables and selection of a wider variety within these two groups. 5 references.

80-0492
Clinical Methods in Smoking Cessation: Description and Evaluation of a Stop Smoking Clinic.
Harrup, T.; Hansen, B. A.; and Soghikian, K.
American Journal of Public Health 69(12):1226-1231, December 1979.

The Kaiser-Permanente Stop Smoking Clinic, part of the Northern California region of the Kaiser-Permanente Medical Care Program, uses group counseling in a flexible, eclectic method designed to meet a variety of individual needs. Clinic sessions cover an 8-week period with thirteen 90-minute meetings. An initial 30-minute interview session allows the group leader and the client to explore the client's level of commitment, degree of addictive involvement, and quality of life. During the first eight meetings cessation is the goal and methods include eliciting common experiences among group members related to smoking, didactic presentation of concepts of motivation, review of records kept on the situational and emotional context of urges to smoke, presentation of theoretical and practical information on addictive processes related to smoking, cessation of smoking, and discussion of the immediate effects of abstinence. The final five meetings focus on adopting new supportive behaviors. Group renunions are held at 3 months, 6 months, and 12 months after the last session of the clinic. Of the 1,128 clients who have registered for the group program, 57 percent were abstinent 6 months after quitting and 47 percent were abstinent after 1 year. Findings indicate that clients' decisions to give up smoking are often motivated by a personal commitment to improve the quality of their lives in general rather than a response to fear of adverse health consequences. 42 references.

80-0493
Drinking Drivers Who Complete and Drop Out of an Alcohol Education Program.
Kern, J. C.; Schmelter, W. R.; and Paul, S. R.
Journal of Studies on Alcohol 38(1):89-95, January 1977.

Of 855 convicted drunken or alcohol-impaired drivers who participated in an alcohol education program in Nassau County, New York, those who needed the program most (the young and those with high blood alcohol concentration at the time of their arrest) were most likely to drop out of the program. The study population offered a cross-section of social status, class, ethnicity, and age group. The 12-week program consisted of weekly 2-hour sessions with each session structured to teach particular items relevant to alcohol and alcoholism, particularly their effect on driving ability and traffic safety. During each meeting 14 group members would hear a lecture and

participate in discussion and group participation activities. Of the drivers entering the program, 85 percent lasted all 12 sessions. A total of 385 people who had never entered alcohol treatment previously were referred for additional help. The large number of young participants indicates that such a program might be useful in early education intervention. Overall, results indicate that the program offers a valuable case-finding mechanism for alcoholism. General recommendations for reducing program attrition are: (1) suiting the counselor and material to the cultural and ethnic background of participants; (2) encouraging active participation by class members; (3) increasing the fine and period of license suspension for nonparticipants; (4) giving special attention to groups most likely to drop out; (5) providing an intensive initial focus on reducing the use of alcohol; and (6) gearing the program to the level of the participant. 10 references.

80-0494
Ineffectiveness of Health Warning in Cigarette Smoking Related Diseases.
Khosla, T.
Health Education Journal (London) 38(2):58-62, 1979.

Since improper interpretation of the statistics linking smoking and disease have left smokers with a false sense of security, careful reevaluation and reinterpretation of these statistics are necessary to protect public health. The message that cigarette smoking may cause lung cancer is difficult to communicate because 97.7 percent of smokers do not get lung cancer and the concept of relative risk is too vague for the general population to comprehend. Although the probability of lung cancer among smokers is small (3 per 1,000 in males aged 45 years to 64 years), the probability that a lung cancer victim was a smoker is very high (909 per 1,000 lung cancer deaths). General warnings such as "cigarette smoking may cause lung cancer," should be replaced with more specific warnings such as "90 percent of lung cancer, bronchitis, and emphysema deaths occur among cigarette smokers." Moreover, the risk of heart disease as a result of smoking should be publicized in the same manner. 5 references.

80-0495
The Efficacy of Muscle Relaxation in Combating Stress.
Prager-Decker, I. J. and Decker, W. A.
Health Education 11(1):40-42, January-February 1980.

The effectiveness of physiological dampening techniques (techniques that diminish or check the activity associated with stress reaction) that enable persons to cope with stressful situations that, if chronically recurrent, can lead to cardiovascular disease, was studied by using 81 college-age males. The subjects were divided into four groups to test the effects of music, progressive muscle relaxation (PMR), electromyograph biofeedback (EMG BFT), and a combination of EMG-facilitated PMR. Each subject was trained in seven 20-minute sessions in the use of that subject's particular technique. Before and after viewing a 92-second stressor film, the subjects were given three tests to assess their subjective stress arousal, namely, the Zuckerman Affect Adjective checklist, the State-Trait Anxiety Inventory, and Rotter's Locus of Control. The film was viewed six times and, during the last viewing, subjects were asked to try to relax. EMG levels were taken from all subjects throughout the film and during the 10-minute relaxation periods that followed. The greatest reduction in resting EMG levels occurred among those subjects in the biofeedback-facilitated PMR and the biofeedback group. Members of the combination group reduced anxiety levels significantly more than subjects receiving PMR or music alone. EMG biofeedback, therefore, can be an effective technique in bringing about relaxation during times of stress. In addition, it seems that externally oriented individuals trained in biofeedback performed better under stress than internally controlled individuals. 8 references.

80-0496
Health Education and Preventive Medicine (Letter).
Rosenberg, E. W. and Kirk, B. S.
New England Journal of Medicine 300(6):321-322, February 8, 1979.

A review of the decrease in risk factor behaviors suggests the success of health education efforts. Animal fat and oil consumption decreased 42.8 percent and vegetable fat consumption rose 53 percent from 1963 to 1975. Sales of fiber bread are skyrocketing; white bread sales are off. Programs that have had statistically demonstrable positive effects include hypertension detection and control campaigns, aerobic exercise courses, and antismoking efforts involving public service spots on radio and television. 11 references.

80-0497
The Use of Multi-Media Motivation in Enhancing Compliance of Hypertensives Discovered at a Screening Operation.
SerVaas, B. and Weinberger, M. H.
American Journal of Public Health 69(4):382-384, April 1979.

Although hypertension has been identified as a leading cause of heart disease, stroke, and kidney failure, screening programs for hypertension detection have been hampered in their ability to deliver hypertensives to an effective source of medical care and to achieve effective blood pressure control. To address some of the attitudes of the hypertensive patient, a motivational, multimedia package was developed. The sample population included employees of city (Indianapolis), county (Marion) and State (Indiana) governmental agencies with blood pressures in excess of 145 over 90 mm Hg for individuals less than 30 years of age and in excess of 150 over 95 mm Hg for those over 30 years. Individuals were randomly assigned to either a standard referral program or the multimedia, motivated referral program. Results show that while only 28.6 percent of the standard referral group demonstrated referral compliance, 78.6 percent of the motivated referral group demonstrated referral compliance, suggesting that the combined approach applied in the latter group was effective. 14 references.

80-0498
How to Stay Healthy: Establishing Health Values and Skills.
Sharpe, B.
Paper presented at the Fifty-Sixth Annual Meeting of the American College Health Association, March 28-31, 1978, New Orleans, Louisiana. 4 p., 1978.
Available from: Author, Bellevue Community College, 3000 Landerholm Circle S.E., Bellevue, WA 98007

The habit of making healthful decisions does not come automatically; rather, it must be developed with a conscious effort. The decision-maker must have the proper factual information and the proper motivation. A considerable amount of emotional maturity and a concomitant sense of self-esteem are required to delay the gratifications posed by some unhealthful behaviors. To prevent poor health behaviors from becoming habitual, one must periodically examine health-related activity. To help motivate healthful behavior, values, and skills, a class entitled "How to Stay Healthy" was established at Bellerce Community College in Washington to increase the awareness of preventive health skills as a personal responsibility, broaden the scope of health information to demystify and "demedicinize" the community, and promote a wellness-producing lifestyle. Ideally, students in the class should develop the ability to use resources, increase their understanding of prevention with an emphasis on individual responsibility, develop adequate skills in screening and observation of common illnesses and injuries, and develop consumer awareness skills. The most effective methods to achieve these goals involved incorporating lecture, discussion and hands-on experience while reviewing the body systems. Assertiveness communication techniques were used in dealing with consumer awareness.

80P-0499
The Lifestyling Program.
Vierke, S.
Southern Illinois University, Student Wellness Resource Center, Carbondale, IL 62901
Funding Source: Southern Illinois Univ., Carbondale. Student Wellness Resource Center.
August 1978-Continuing.

The Lifestyling Program at Southern Illinois University is designed to increase the quality of life of the students by helping them optimize health in four areas: exercise, ecology, nutrition, and relaxation. Students are guided through a three-step process designed to meet their individual needs: (1) self-monitoring health behaviors to establish a baseline prior to intervention; (2) values clarification and individual decision-making regarding the behaviors to be changed; and (3) behavioral contracting, counseling, support, and followup. The program provides individual consultation, ongoing behavior change groups, educational presentation, single-session workshops, and special events. The staff consists of one full-time professional health educator, two half-time graduate assistants, and practicum and internship students from a variety of disciplines. Process evaluations, peer review, and utilization statistics are collected on all direct service areas. Outcome evaluations and long-term followup studies are underway for the behavior change and educational presentations. Future evaluation plans include a study of the relationship between program intervention and Student Health Service utilization.

80P-0500
Stroke and Heart Attack Prevention Program.
Godfrey, G.
South Georgia Health District, Roy Nolan McLane Clinic, 316 Cowart Avenue, P.O. Box 2127, Valdosta, GA 31601
July 1979-June 1980.

The Stroke and Heart Attack Prevention Program is designed to reduce by at least 50 percent the number of Georgians with diastolic high blood pressure in District 8, Unit 1. Services include hypertension screening, diabetes screening, nutritional services and diet counseling, an exercise program, and consultation between program managers and physicians of patients under drug treatment. The target audience includes black and white males aged 18-50 with less than a 12th grade education living

in 10 southern Georgia counties. Cooperating organizations include the Diabetes Association, the Heart Association, hospitals, and nursing schools. Screening data are continually collected and analyzed.

SCHOOL HEALTH EDUCATION

80-0501
Comprehensive School Health Education.
Journal of School Health 50(1):36-37, January 1980.

Guidelines developed by the Massachusetts Health Council's School Health Task Force can assist adults, particularly parents, in assessing the school health activities in their community. State law requires that health education include at least consumer health, ecology, community health, body structure and function, safety, nutrition, fitness and body dynamics, dental health, emotional development, and training in administration of first aid. To adopt such a comprehensive approach, each school system needs to develop a kindergarten through twelfth grade sequentialized curriculum organized by a designated health education coordinator and governed by a health curriculum advisory committee. Community health resources must be tapped to aid curriculum development, and in-service training for teachers must be a component of any overall scheme. An effective system will have well-defined role guides for school nurses, school physicians, food service providers, home economics teachers, and guidance counselors. Concerned adults must meet with school administrators, form a health advisory committee within the Parent Teachers Association, form additional committees to investigate areas of special concern, offer to help schools collect sample textbooks and other pertinent materials, and support adult education programs on health topics.

80-0502
Effectiveness of Methods of Teaching Dental Health to 9- to 10-Year-Old Schoolchildren in the United Kingdom.
Addy, M. and Edmunds, S.
Community Dentistry and Oral Epidemiology (Copenhagen) 5(5):191-194, 1977.

Dental health education employing five different teaching methods was given to classes of 9- to 10-year-old students in six junior high schools in South Wales. One of the following teaching methods was employed in each class: (1) dental health posters were placed on the walls and children were directed to view them before class; (2) packets containing a toothbrush, toothpaste, and disclosing tablets, together with instructions and dental leaflets, were given to each child; (3) a talk was given with the use of visual aids; (4) a small project was undertaken during which children performed oral hygiene on one another and on themselves; and (5) a dental talk was given without the use of visual aids. A control class received no such instruction. All five methods resulted in a variable increase in student knowledge immediately after teaching. This was followed by a decline in dental health knowledge after 3 months. The poster and packet methods of presenting information had little or no effect on the long-term recall of information. The talk, visual aids, and project methods all significantly increased dental knowledge for the 3-month period. 11 references.

80-0503
Group Process in Alcohol Education, With Strategies for the Classroom and Pilot Study Conducted in the Milwaukee Public Schools.
American Driver and Traffic Safety Education Association, Washington, D.C.
Washington, D.C., the Association, 40 p., 1978.

Driver-education teachers within the Milwaukee Public School System were trained on the use of a group process in alcohol education. The group method allows every member of the class to function both as a teacher and as a learner, maximizes student involvement, and allows students to interrelate and develop feelings for one another on a more personal basis than general classroom discussions allow. Classroom strategies generally involve communicating an appreciation for what is said and felt, teaching less to allow the group to participate more, gearing discussion to issues pertinent to group interests and group feelings, and helping the group to develop their own understanding. Specific techniques and procedures include decision-making skills, debating both sides of issues, role playing, fictional situations, open-ended plays, expression with art forms, exploring emotions, self-concept building, self-control, and problem-solving. Pre- and post-program questionnaires completed by the students indicate an increase in knowledge about alcohol and a positive change in attitudes concerning the use of alcohol. These findings must be qualified, however, due to the fact that respondents were not randomly selected and materials not immediately related to group process were included in the program.

80-0504
Our Children Are Going to Pot: Comments From a Health Educator.
Apgar, F. M.
Journal of School Health 50(1):40-41, January 1980.

The school's role in the prevention of substance abuse should be one of active participation in students' social and emotional development by assisting students to identify the underlying causes of their disenchantment, boredom, hostility, lack of feelings of self-worth, or apathy. Such an approach involves helping students understand the basic psychological and physiological needs of human beings, develop a positive sense of self-worth, cope with stress and frustration, deal effectively with peer pressure during decision-making processes, understand the role of the family and the responsibility of its members, and understand the facts of drug use. In addition, it is necessary for adult role models to exhibit the sort of behavior that they wish their children to adopt.

80-0505
Teachers' Smoking.
Bewley, B. R.; Johnson, M. R. D.; and Banks, M. H.
Journal of Epidemiology and Community Health (London) 33(3):219-222, September 1979.

To investigate the influence of teacher modelling on the smoking behavior of secondary school children, a 5-year prospective study of 6,000 students and 1,333 teachers in Derbyshire, England, was begun in 1974 when the children were aged 11 and 12 years. Between 1974 and 1975 the prevalence of smoking among both boys and girls increased while teacher rates of smoking remained constant. A total of 29 percent of the male teachers and 21 percent of the female teachers who smoked admitted to smoking in front of their students. A significant and positive relationship was found between boys' cigarette smoking and male teachers who smoked cigars, pipes, and tobacco. Furthermore, variation of children's smoking rates with type of school was partly a result of the social class distribution between schools. Children from middle-class families have lower rates of smoking than children from working-class families. In the first year of secondary school, teachers' smoking behavior had the greatest influence on children, particularly boys. Since the second year of secondary school is the period when students begin to develop peer-modelling behavior, those students who model the smoking of teachers during the first year of secondary school pass this trait onto their peers thereafter. This situation is complicated by the reluctance of smoking teachers to participate enthusiastically in antismoking curricula. 12 references.

80-0506
Nutrition Education (Letter).
Bradshaw, J. S.
British Medical Journal (London) 1(6115):782-783, March 25, 1978.

In "Health Education in Schools," produced by the Department of Education and Science in Great Britain, nutrition was allotted only a page and a third. Yet, the subject requires more attention, since children seem to have a great interest in food, and nutrition seems to be one of the lifestyle elements most amenable to alteration. Although the Department published a booklet on "Nutrition Education" and supplemented it by a 1-day conference attended by representatives from several other ministries and organizations, that conference decided that there was no need to initiate changes in the national diet in Great Britain. However, the prevalence of dental caries, obesity, diabetes, diverticular disease of the colon, coronary heart disease, and cancer of the breast and colon suggests the opposite, that is, the need to initiate a change in the daily consumption of sugar, white flour, fats, and cholesterol. British policy in this area should follow that of the Americans, who have instituted programs of health and nutrition education in the classrooms and cafeterias of their schools.

80-0507
School Health Education--Some Notes on the Findings of a Current CEA Survey on School Health.
Burns, A. Y.
Health Education (Ottawa) 17(2):6-7, June 1978.

The 1975 report of the Federal-Provincial Working Group on School Health Education and preliminary results from a Canadian Education Association-sponsored project, "The Student Health and Health Education Survey," offer insights into services and curricula for school-age children on the national, provincial, and local levels. Results indicate that (1) health education is the responsibility of the classroom teacher; (2) curricula guidelines are developed by departments of education; (3) few school boards provide in-service programs in health; (4) most school boards have no specialized health education consultant; (5) most schools bring in community resources people and receive help from outside agencies; (6) only 50 percent of respondents are optimistic about significant change in health education programs; (7) a majority of the principals and teachers allocate a specific amount of time for teaching of health subjects; (8) most schools attempt to integrate health topics with other subjects; (9) teachers are optimistic concerning the efficacy of health programs, though few believe that students' habits have improved significantly

over the past 5 years; (10) most schools have no diet supplement program and few school boards have a dietitian or nutritionist as part of the staff; and (11) most schools have a program applied to physical fitness. In general, Canadians are in poor physical shape due largely to lifestyle. A new four-way concept requires that future programs integrate all aspects of health, namely, human biology, environment, lifestyle, and health care organization.

80-0508
Criteria for Selecting Instructional Materials for Nutrition Education.
Education Service Center, Region XVII, Lubbock, Tex.
Lubbock, Tex., the Center, 13 p., February 1979.
Available from: ERIC; Order No. ED-169 913

Criteria developed to assist educators in their selection of instructional materials in nutrition education are presented in question format in seven categories. The technique is used to avoid an authoritative approach and to stimulate in-depth thinking as the user selects materials based on need, keeping in mind that no one item can meet total criteria and that criteria are both subjective and objective. A rating chart allows ease in making the final decision on which materials to use. The project was guided by a nutrition supervisor, a dietician, physical education and health education teachers, a parent, a former science teacher at the secondary level who now teaches health at the university level, an administrator, a public school director of health and physical education, and a materials specialist.

80-0509
Personalizing Primary Cancer Prevention Education for Students.
Eng, A.; Carter, B. J.; and Williams, C. L.
Health Values: Achieving High Level Wellness 3(6):304-309, November-December 1979.

Preventive health education in the schools, because of a belief in the lack of knowledge on the etiology and prevention of cancer, has focused instead on cardiovascular disease. Contrary to this belief, the development of cancer depends in large part on well-known lifestyle patterns. Smoking has been linked closely to lung cancer, which accounts for 22 percent of all cancer deaths, and the relationship between nutritional deficiencies or excesses and cancer of the digestive tract indicates that high-fat diets and diets low in vitamin C contribute to colonic cancer and gastric cancer, respectively. Other lifestyle risk factors include alcohol consumption, radiation from the sun and from sources within the artificial environment, and exposure to certain substances such as asbestos and vinyl chloride. School curricula aimed at altering lifestyles conducive to development of cancer should emphasize early detection as well as prevention and should focus on personalized health behavior. Students should be instructed in the physiological process of cancer and the three levels of prevention. Above all, an open discussion is required to dispel any myths as to the intractability of cancer to prevention or cure. 26 references.

80-0510
Evaluation of a Cardiovascular Education Pilot Program.
Fang, W. L.
Health Education 11(1):34, 36-38, January-February 1980.

The emphasis on early intervention and disease prevention has played a major role in the development of the Virginia School Blood Pressure Education Model, which emphasizes the enhancement of students' cardiovascular health knowledge and personal responsibility in health care. The program began with a 7-day pilot program, followed by selection and training of teachers from 10 schools at summer workshops and the implementation of the program by these teachers in a cross section of the State's schools. The initial study involved one group that received the unit on cardiovascular health and two control groups. A student questionnaire with a demographic section and a knowledge test assessed students before and after the program in the five content areas of the curriculum, namely, the cardiovascular system, blood pressure, cardiovascular diseases, risk factors, and prevention measures. The study group scored significantly higher on the posttest than on the pretest. In addition, both pre- and posttest scores were positively correlated with reading and science scores. In addition to knowledge gains by the students, changes in curriculum content, instructional materials, teaching strategies, and test items resulted from analysis of the pilot program. After complete evaluation of the State-wide sample, the project will be introduced into all State schools over a 3-year period. Other school health programs described briefly include a Georgia Heart Association program, the Overlook Family Practice Residency Program in New Jersey, the Cardiovascular Curriculum Education Project at the Baylor College of Medicine in Texas, the Berkeley Project in Iowa, a Massachusetts Heart Association and Massachusetts Department of Public Health project in the Peabody Public Schools, and the School Health Curriculum Project (SHCP) in four Illinois school districts. 26 references.

80-0511
Focus on Health Education and Nutrition: Development of a Guide for High School Teachers.
Kirk, R. H.; Hamrick, M.; and McAfee, D.
Health Education 11(1):21-24, January-February 1980.

The National Dairy Council funded a 4-year comprehensive demonstration project designed to illustrate that nutrition education could be effectively integrated into high school health education courses. Use of the curriculum, based on a specifically designed Health Instruction Guide and assessed for effectiveness by pre- and postcurriculum variants of the Tennessee Nutrition Education Test, allowed examination of the usefulness of integrating nutrition information into other health content areas. In addition, a health behavior inventory (HBI) was designed to evaluate the overall transfer of learning among senior high school students. HBI results indicate that those students exposed to the integrated curriculum scored higher than other students in behavioral areas related to nutrition, personal health, community health, exercise, rest and recreation, smoking, and drug use. Results suggest that curricula employing the guide will produce better integration of nutrition and health education components. 1 reference.

80-0512
P.O.P.--Positive Perceptions of Older Persons.
Lee, K. J.
Health Education 9(3):2-3, May-June 1978.

The Positive Perceptions of Older Persons (POP) Program offers an integrated, holistic approach consisting of cognitive information, correlated affective learning strategies, role playing, decision-making, and simulation activities designed to combat the stereotypes among elementary and secondary students concerning the aging process and the elderly. A sequential, comprehensive school curriculum on aging should include a curriculum guide with a list of community resources; kits containing materials which are not readily available to teachers; and specific activities aimed at increasing positive perceptions of the elderly, illustrating the benefits of increasing age and developing empathy for the elderly. Contact with older persons as volunteer teachers, especially as craft teachers, can reinforce positive attitudes among students. 3 references.

80-0513
Nutrition Education in a Reading Enrichment Program.
Lowenberg, R.
Journal of Nutrition Education 10(1):22-23, January-March 1978.

During the summer of 1976, the East Harlem Expanded Food and Nutrition Education Program participated in a reading enrichment program which combined nutrition education with remedial language skill development. The program was composed of four concept units: growing and becoming, giants and heros in literature, how living things grow, and eating and growing. Two reading specialists implemented the first and second components, which involved (1) creative writing and expression and (2) remedial reading, respectively. Two undergraduate education students conducted the nutrition component. Eighteen children aged 8 to 13 with various learning disabilities or problems were divided into two groups that met every morning for a month. Through the use of films, oral and written games, discussions, demonstrations, science experiments, and food preparation, the children gained in reading skills and in practical nutrition information in an integrated manner. In addition, the children became less argumentative and more tolerant of one another, exhibiting a sense of solidarity. Though objective evaluation tools were absent, the placement of a remedial language program within the meaningful context of nutrition education seemed successful.

80-0514
The School Health Curriculum Project: A Review of Research Studies.
Olsen, L. K.; Redican, K. J.; and Krus, P. H.
Health Education 11(1):16-21, January-February 1980.

The School Health Curriculum Project (SHCP), a prototype school health education program, has developed over the past 20 years from its inception in a single sixth-grade classroom to implementation in 300 school districts in over 30 states and 2 international locations. Numerous studies have been conducted over the past few years to assess the impact of the SHCP on selected factors of student health knowledge, attitudes, and behaviors. However, few evaluation instruments were developed to assess the impact of the program on parents, other educators, and the community as a whole. For the most part, attitude and behavior measurements were confined to the area of cigarette smoking. This fact may reflect, in part, the nature of the funding sources being utilized in evaluative efforts. It also indicates the necessity to develop a comprehensive, systematic evaluation plan which has widespread applicability from both a national and international perspective. The National Center for Health Education convened an evaluation committee which has recommended that future evaluation efforts in school health education should focus upon measurement of foundation and survival skills along with measurement of knowledge gain and select behavior modification. 50 references.

80-0515
Elements of a Public School Health Education Program.
Parcel, G. S.
Journal of School Health 50(1):48, January 1980.

Key components of the health education program developed for kindergarten through twelfth grade in the Dallas Independent School District include (1) employment of a health educator who knows the field, who has a well-defined philosophy of health, who knows of and can tap community health resources, and who models and defends the concept of positive health; (2) development of a detailed, comprehensive curriculum with carefully outlined lesson plans, especially for teachers with little experience in teaching health courses; and (3) presentation of material to teachers through careful in-service sessions during which they receive information from health agency representatives, preview films, and discuss ways to teach various concepts through the films.

80-0516
Some Methodological Procedures for the Evaluation of Educational Programs for Prevention of Adolescent Alcohol Use and Abuse.
Schlegel, R. P.
Evaluation Quarterly 1(4):657-672, November 1977.

For the purpose of design research and evaluation, Health and Welfare Canada has funded the development of three alcohol education programs for eighth-grade students: (1) a factually oriented exposure; (2) a facts exposure plus experiences in values clarification processes; and (3) a facts exposure, values clarification, and a guided decision-making procedure. The basic experimental design involves independent variables specified by educational method, classrooms, reexposure to initial educational method, and effects of educational methods over time. Dependent variables include (1) knowledge about the effects of alcohol; (2) attitudes toward drinking; (3) normative beliefs about drinking; (4) intentions concerning drinking; (5) attitudes, normative beliefs, and intentions pertaining to total abstinence; (6) actual drinking behavior; and (7) adverse consequences experienced as an index of problem drinking. Various process measures are obtained to ascertain what actually has occurred during the experimental experience to establish a "manipulation check" for the procedures and to provide further information for post hoc internal analyses of data. Data collection, conducted through a longitudinal survey, involves alcohol questions embedded with a more general health questionnaire to prevent pretest sensitizing effects and posttest interactions. The program offers a model for the design and methodological evaluation of future projects. 17 references.

80-0517
Learning-Feeling-Doing: Designing Creative Learning Experiences for Elementary Health Education.
Scott, G. D. and Carlo, M. W.
Englewood Cliffs, N.J., Prentice-Hall, 271 p., 1978.

Elementary school teachers are in a unique situation to encourage their students to adopt healthy behaviors. Activities are suggested that elaborate on 11 concepts: (1) growth and development influence and are influenced by the structure and functioning of the individual; (2) growth and development follow a predictable sequence yet are unique for each individual; (3) protection and promotion of health are individual, community, and international responsibilities; (4) the potential for hazards and accidents exists in all environments; (5) people, disease, and the environment are reciprocally related; (6) the family serves to perpetuate man and fulfill certain health needs; (7) personal health practices are affected by a complexity of forces, often conflicting; (8) utilization of health information, products, and services is guided by values and perceptions; (9) the use of substances that modify mood and behavior arises from a variety of motivations; (10) food selection and eating patterns are determined by physical, social, mental, economic, and cultural factors; and (11) emotional health is influenced by interpersonal relationships and enhanced by an understanding of the factors affecting behavior.

80-0518
Including Values Education Approaches in the Formal and Informal Health Curriculum.
Serdahely, W. J.
Health Values: Achieving High Level Wellness 3(6):300-303, November-December 1979.

Several values clarification techniques, which allow the student to confront the ethical questions related to health matters and reduce the prevalence of nonrational conformity found in modern society, are suggested: (1) evocation, which encourages students to express their values; (2) awareness, which goes beyond evocation to a nonjudgmental sharing of values; (3) moral reasoning, which asks students to justify their solutions to moral dilemmas; (4) analysis, which requires involving students in a critical look at both sides of an issue; (5) clarification, which attempts to help the learner develop values by working on specific criteria underlying any value; (6) commitment, which involves studying a moral issue in the community; and (7) "hidden curriculum," which refers to all of the learning which takes place in a school outside of the formal curriculum. The last approach, which seems to be the most efficacious, allows for continuity and for an ongoing evaluation of the practical activities of each student, teacher, and school administrator. 10 references.

80-0519
Preschool Nutrition Education Monograph.
Society for Nutrition Education, Berkeley, Calif. National Nutrition Education Clearing House.
Berkeley, Calif., the Society (NNECH Monograph No. 3), 48 p., November 1978.

A compilation of articles from a nutrition journal and related material contains a selection of items highly useful to teachers, students, parents, and others who are interested in the nutrition education of preschool children. Topics covered include food habits and nutrient intake among preschool children, preschool nutrition education programs, reaching the parents of preschool children, and training for day-care personnel. In addition, reviews and abstracts of articles, books, pamphlets, bibliographies, and audiovisuals offer useful resources and teaching materials.

80-0520
Drug Use Situations.
Uhrich, B. A.
Health Education 8(6):35, November-December 1977.

Classroom discussion on drug use can be facilitated by providing students a list of drug-use situations and having students comment on whether use of drugs in that situation is acceptable or unacceptable. By limiting choices to the extreme, such as "drinking an alcoholic beverage at a party" or "use of a sedative to commit suicide," students will be highly motivated to verbally qualify their feelings.

80-0521
Death and Dying Education.
Ulin, R. O.
Washington, D.C., National Education Association, 72 p., 1977.

An overview of the debate surrounding death and dying education in public schools includes the rationale for such curricula, a defense of public schools as the proper arena for this subject, a discussion of curricula content, a discussion of curricula on aging in America, cross-cultural perspectives, a review of literature related to death awareness, a discussion of teacher preparation and qualifications, and a suggested course of study. 26 references.

80-0522
Health Education in the Elementary School.
Willgoose, C. E.
5th ed. Philadelphia, W. B. Saunders, 518 p., 1979.

Guidelines for implementing a health education program in public elementary schools set forth several means by which the classroom teacher can contribute to the health of school children. Discussion of the general topic of school health and the health status of the child emphasizes the detection and referral role of the teacher and the unique opportunity to function efficiently with school health service personnel and other health-related groups in the community. Discussion of the school environment and its bearing on general behavior and learning briefly covers the topics of school health services and healthy environment. Major concentration falls upon health instruction and the movement away from health teaching as a "do-gooder" activity to a carefully organized and programmed part of the total school curriculum. Presentation of a quantity of orderly and practical information helps the teacher in planning, implementing, and evaluating health teaching. The concern is for inner-city children as well as for those from rural and suburban areas. Discussion of normal growth and deviations from normal growth covers the concept of normal, the normal child, the exceptional child, and the deviant child. Sources of free and inexpensive teaching aids and discussion of methods and teaching aids in health instruction will aid the teacher in implementation. The direction throughout the discussion is toward a broad program of essential health topics aimed at clarifying student values and affecting student behavior patterns.

80-0523
Children and Health: Can They Be Taught, Should They and Will It Have Any Effect?
Woods, D.
Canadian Medical Association Journal (Ottawa) 120(3):341-342, 344, 350-351, 1979.

Though a plethora of health education programs have been implemented in recent years, questions concerning the value of teaching health topics in school, the content of such curricula, and the age and type of teacher that should be employed remain unanswered. Early health education presents a far more effective means of health maintenance than later, ad hoc interventions. The Ontario Ministry of Education has outlined a number of topics to be covered including life processes, individuality, anatomy and physiology, human growth and development, dental health, alcohol and tobacco abuse, drug abuse, safety, first aid, nutrition, values clarification, community health, emotions and feelings, and sexuality. In order to make teachers competent in all these areas, in-service training with heavy reliance on teacher feedback is required. One of the chief aims of any program is to combat

the paternalism fostered by constant use of medical intervention to control disease. Overall, health education should start as early as possible and should be delivered by instructors with whom the students can identify.

80P-0524
Project Prevention.
Gonser, H.
Chenowith School District Number Nine, 3632 W. 10th Street, The Dalles, OR 97058
1977-1982.

The goal of Project Prevention is to create a situation in which students move from a restricted, conditioned point of view toward cognitive and affective maturation, thus avoiding self-destructive behaviors associated with drug and alcohol abuse, poor nutritional habits, unwanted pregnancies, violence, sexually transmitted diseases, high dropout and crime rates, suicides, and accidents. Because knowledge, access to resources, skills, and ability to deal with potentially stressful situations are necessary to attain a healthy lifestyle, decision-making and communication skills are emphasized. The project has four major components: the K-12 Health Education Curriculum Guide, the K-12 Decision-making and Communications Skills Packet, the K-12 Health Education Resource Catalog, and the K-12 Evaluation Plan. The curriculum at each grade level deals with specific preventive skills.

80P-0525
School Health Education Project (SHEP).
Bruess, C. E.
National Center for Health Education, 901 Sneath Lane, Suite 215, San Bruno, CA 94066
Funding Source: Bureau of Health Education (DHEW, CDC), Atlanta, Ga.
1978-Continuing.

The School Health Education Project (SHEP) seeks to increase and improve health education in American schools by facilitating the distribution of health-oriented information and opening further channels of communication among a variety of audiences. The National Center for Health Education (NCHE), which administers the project, is a nonprofit organization created to increase and improve the health knowledge of the American public at large. SHEP objectives are to (1) design a national action strategy for the promotion of school health education, (2) manage various aspects of the Primary Grades Health Curriculum Project (PGHCP) and the School Health Curriculum Project (SHCP) and assess their status and facilitate their progress, (3) develop communications systems for those involved in school health education, (4) establish working relationships with national organizations interested in school health education, and (5) stimulate changes in the field. Services include (1) establishment of information exchange networks, (2) project evaluation and evaluation design, (3) resource activities, (4) establishment of private sector support, and (5) curricular activities. Primary components of the last category are the SHCP (for grades 4-7) and the PGHCP (for grades K-3). The Joint Dissemination Review Panel of the United States Office of Education and the National Institute of Education has validated both projects.

80P-0526
Students Against Smoking.
Crowley, T. P., Sr.
American Cancer Society, 29500 Southfield Rd., Southfield, MI 48076
Funding Source: American Cancer Society, Southfield, Mich.
1972-Continuing.

Students Against Smoking is a program of preventive education to discourage smoking through (1) helping elementary and junior high students see the advantages of not smoking; (2) strengthening the self-confidence of students to enable them to resist peer pressure; (3) presenting positive team models of persons who do not smoke; (4) helping students become better informed about health; (5) encouraging students to make individual decisions about the problem of smoking; (6) providing reinforcement, recognition, and rewards to students who do not smoke; (7) providing for ongoing faculty-student and student-student dialogue; and (8) stimulating a spirit of school pride and community involvement. Teaching teams of high school students, preferably one boy and one girl, are selected by a faculty advisor who coordinates the program. These students are trained as peer educators and prepare an antismoking presentation to be made to groups of 20 or fewer elementary school students during the school day. Each team designs its own format from the common objectives and techniques, and recruits and perpetuates itself through interviews and apprentice training. Approximately 300,000 elementary school students in three counties have seen the program, which is now sponsored by about 40 high schools.

SELF-CARE

80-0527
Nutrition Education (Letter).
Cust, G.
British Medical Journal (London) 1(6122):1280, May 13, 1978.

In the opening phase of the "Look After Yourself" campaign, the aim is to communicate that what people eat has some bearing on their health; that everyday fitness could be improved or maintained by choosing some foods which could be regarded as healthier than others; and that people who think about what they eat are not fadists or fanatics. The nutritional principles behind the campaign have come from the Committee on Medical Aspects of Food Policy. Later in the campaign, nutritionists will be consulted so that more specific health messages can be communicated. Finally, all aspects of the program are under evaluation by means of a market survey of a national sample and an academic study of population in the Midlands. 1 reference.

80-0528
Testicular Self-Examination (Letter).
Garnick, M. B.; Mayer, R. J.; and Richie, J. P.
New England Journal of Medicine 302(5):297, January 31, 1980.

Examples are cited of two young men who, upon receiving testicular self-examination instruction, discovered otherwise asymptomatic nodules in their testes. These examples are meant to dramatize the importance of early diagnosis and treatment of cancer of the testis which may be initiated only through self-examination.

80-0529
Self-Care in Health.
Williamson, J. D. and Danaher, K.
London, Croom Helm, 216 p., 1978.

An investigation of the entire field of self-care defines the medical and social scope of the discipline and demonstrates the importance of self-care in national, economic, and personal health terms. Topics include health services, definitions of health, reactions to deviation from health, issues surrounding self-treatment of illness, health maintenance and disease prevention, the creation of a self-care policy, and the relation between the responsible lay client and the health care professional. Appendices include bibliographies of theoretical and social literature and health care manuals pertinent to self-care.

80P-0530
Arthritis Self-Help Service.
May, R.
New York Arthritis Foundation, 221 Park Avenue South, New York, NY 10003
Funding Source: New York Arthritis Foundation, New York, N.Y.
Continuing.

The Arthritis Self-Help Service is designed to help people cope with the physical limitations and psychological stress that can accompany arthritis. Self-help counselors, mostly volunteers, attempt to make people aware of their daily activities and steps that can be taken to combat fatigue, save energy, and protect joints. Monthly open house workshops are conducted in which professional and self-help counselors participate.

80P-0531
Candlelighters Foundation.
123 C Street, S.E., Washington, DC 20003
1970-Continuing.

The Candlelighters Foundation is an international self-help organization designed to help families of child cancer patients meet and deal with their experiences, providing a positive outlet for the frustrations and apprehensions many families share. Candlelighters has within its communications system 120 parents groups located in 48 States and in Canada, England, France, and Australia; within these areas separate and independent chapters and affiliates exist. General meetings are held monthly, at which (1) projects are proposed; (2) education speakers or panels related to childhood cancer are presented; and (3) social functions are organized. Groups usually maintain their own library, speakers bureau, and newsletter. Group activities and family services include "clinic moms--helping moms" in clinic waiting rooms; counseling and moral support on request or at the request of the attending physician or social worker; blood banks; chapter newsletters; wig banks; immune programs; regional conferences; and local handbook publications listing local resources. National-level publications include (1) a newsletter published quarterly; (2) group letters going only to identified parents groups on a bimonthly basis; and (3) handbooks. National-level projects include buddy systems, cancer care delivery system surveys, task forces on insurance and medical-ethical problems related to childhood cancer, development of public education materials, and an active program for the placement of parents on Federal and State social services advisory committees.

80P-0532
International Parents' Organization.
3417 Volta Place, N.W., Washington, DC 20007
1957-Continuing.

The International Parents' Organization (IPO) enables parents of hearing-impaired children to speak with unified strength, as parents of other handicapped youngsters have been doing for years. Through its central office in Washington, D.C., IPO serves as a clearinghouse for the exchange of ideas, coordinates the efforts of parents with those of professionals who deal with hearing-impaired children, and spearheads action in such areas of national interest and concern as parent surveys, scholarships, public information projects, and legislative action. IPO also arranges special sessions for parents at regional and national meetings of the Alexander Graham Bell Association, allowing parents to exchange ideas and experiences, and learn of new training techniques and resources from the professionals who meet with them. A primary concern of all IPO-affiliated groups is continuing parent and public education regarding the necessity of early diagnosis, auditory training, and language and speech training for the hearing-impaired child.

80P-0533
La Leche League International, Inc.
Tompson, M.
9616 Minneapolis Avenue, Franklin Park, IL 60131
1956-Continuing.

La Leche League was founded for the purpose of giving help and encouragement, primarily through personal instruction, to those mothers who want to nurse their babies. Breast-feeding is the ideal way to initiate good mother-child relationships and strengthen family ties. The International Office in Franklin Park, Illinois, reaches out to mothers through over 4,200 groups in which certified League leaders meet with women who want to know about the womanly art of breast-feeding. There are more than 11,000 active League leaders who volunteer their time to help other mothers. All leaders are experienced nursing mothers who have become familiar with the research and information on breast-feeding and related subjects. Most of them are not professional medical people and they do not give medical advice. The basic League meetings are not classes but small groups of mothers sharing encouragement and information about breast-feeding and related aspects of bearing and caring for children. La Leche League has a 36-member advisory board consisting of pediatricians, obstetricians, allergists, and breast-feeding experts. La Leche League sponsors an International Conference which brings together health professionals and parents; they sponsor annual seminars on breast-feeding for physicians; and encourage significant research in all aspects of breast-feeding by granting Paul Gyorgy awards annually to medical researchers.

80P-0534
National Amputation Foundation.
Ruzika, F.
12-45 150th Street, Whitestone, NY 11357
1919-Continuing.

The National Amputation Foundation (NAF) was founded in 1919 by a group of amputee veterans who suffered the loss of limb or limbs in World War I. From its inception, the Foundation has been aware of the needs unique to amputees and therefore dedicated its efforts to helping all veteran amputees. Since then, the Foundation has expanded its facilities to include civilian amputees as well. The services provided by the Foundation include legal counsel, vocational guidance and placement, social activities, liaison with outside groups, psychological aid, and training in the use of prosthetic devises. Since 1961, the Foundation has maintained a Prosthetic Center for the manufacture and repair of prosthetic devices, as well as training in their use. NAF has launched a full-scale expansion program. Plans include renovating the present building, eliminating all architectural barriers, and enlarging the Prosthetic Center. Equipment to facilitate the mobility of the amputee in and around the building is being installed. The foundation also hopes to expand the public relations program to persuade employees to hire qualified amputees.

SEX EDUCATION

80-0535
Twenty-Seven Strategies for Teaching Contraception to Adolescents.
Chesler, J.
Journal of School Health 50(1):18-21, January 1980.

An overview of research on the effects of education on adolescent contraceptive behavior suggests strategies to enhance teaching for contraception. Learning about birth control methods in sex education classes does not necessarily enable teenagers to use them effectively. In addition to needing accurate, unbiased information about contraceptive technology, teenagers need help in clarifying their values so that their social behaviors are congruent with their moral codes. Adolescents also benefit from un-

derstanding how contraception relates to sexual behavior and how family planning may enable them to become parents at the time of their choice. The 27 strategies for teachers which are listed each relate to a particular contraceptive problem adolescents encounter. 23 references.

80-0536
An Experimental Comprehensive High School Clinic.
Edwards, L. E.; Steinman, M. E.; and Hakanson, E. Y.
American Journal of Public Health 67(8):765-766, August 1977.

An experimental comprehensive clinic located in a junior-senior high school in the inner city of St. Paul, Minnesota, focused on the sexual health of the student body. Clinic staff includes a family planning nurse clinician acting as team leader, a clinic attendant, and a social worker; the team receives part-time assistance from a physician, a pediatric nurse associate, a nutritionist, and a maternity nurse clinician. The clinic offers family planning, counseling and referral, venereal disease testing and treatment, pregnancy testing, Pap smears, immunization, and personal counseling and referral. The educational component consists of a 13-session prenatal series, a mother's support group for students with infants under 6 months of age, a family planning session, a seventh-grade health communication series of six sessions geared toward preventive medicine and use of health resources, a weight reduction class, and a day-care component geared toward education of the children of students and allowing students to finish high school. Advances have been made in areas of Pap test referral, treatment of venereal disease, use of contraceptive services, and immunization of students' infants. The measurable results as well as the positive response of the students has justified the continuation and expansion of these services within the school system. 2 references.

80-0537
Deafness: Implications for Sexuality.
Fitz-Gerald, D. and Fitz-Gerald, M.
Paper presented at the 56th Annual International Convention, The Council for Exceptional Children, Kansas City, Missouri, May 2-5, 1978. 18 p., May 1978.
Available from: ERIC; Order No. ED-153 411.

Increased sex education for deaf children and adults as well as more accepting attitudes by the deaf themselves and general society are needed. Surveys of deaf adults have indicated sexual segregation in residential schools and little opportunity to obtain sexual knowledge or experience. A recent survey of residential facilities indicates that 66 percent of the institutions have formal sex education programs, though much of the instruction appears to be meager or crisis-oriented in nature. An assessment indicates the need for (1) development of appropriate sex education curricula and instructional materials for the deaf; (2) instructors trained in the special problems of the deaf as well as sex education; (3) parent education; (4) interpreters to aid communication between medical personnel and the deaf; (5) research into the areas of gender identity, sign language, and marriage and divorce among the deaf; and (6) appropriate counseling and therapy services for the deaf. Deaf persons need to reject the idea that they are not sexual or lovable and use militancy in changing social attitudes toward them. 15 references.

80-0538
Sex Education in a Residential Child Caring Agency.
Hausler, R. and Scallon, R. J.
Child Care Quarterly 6(3):211-221, Fall 1977.

Design and implementation of a sex education program at the St. John's Residence for Boys in Brooklyn, New York, which serves preadolescents and adolescents with learning, behavioral, and emotional problems, are discussed. A survey of the facility's child care workers indicated some ignorance, attitude distortion, and feelings of discomfort with respect to the area of sexuality. The staff program which followed the survey consisted of slide presentations on anatomy and development, venereal disease, homosexuality, and contraception as well as reading material and discussions on sexual attitudes. Results of the staff program indicated that outside experts were unnecessary, that sex information should form the basis for discussion, and that discussion of this intimate topic would bring staff and boys closer together. The boys' program involved films and carefully scheduled discussions illustrated with audiovisual aids. Scores obtained from administering the Sex Knowledge Inventory prior to and after the program did not show any significant improvement. These results might reflect a negative attitude toward testing frequently observed in this population or the use of a questionnaire which was too sophisticated for this group. Nevertheless, the staff reported that students exhibited a serious interest in the program and that staff and students grew closer. Overall, a successful program requires skill in group experience by staff, preparation of staff through training and attitude exploration, use of stimulating materials and aids, thorough organization, definite rule limits, and employment of sufficient staff for control. The program offers a valuable model for similar efforts in other areas of health education. 2 references.

80-0539
Approaches to Population Awareness, Family Life and Sex Education for Young People. Selected Resource Materials.
International Planned Parenthood Federation, London (England).
London, the Federation, 51 p., March 1978.
Available from: International Planned Parenthood Federation, 18-20 Lower Regent Street, London, SW1Y 4PW, England.

Education programs for population awareness, family life, and sex education oriented toward and involving young people are expanding rapidly. In response to the need to share the ideas and experiences generated, the Education Department of the International Planned Parenthood Federation (IPPF) Central Office has established a Youth Resource Unit to provide a streamlined information-sharing and guidance service in these fields. Resource materials include teaching, learning, and training materials; curricula, project, and program information; background and research papers; and articles. They are intended primarily to provide ideas and guidelines rather than for direct program use. Only English-language materials are included. A limited number of sample materials are also available for distribution as are IPPF publications. Visitors are welcomed to the Unit and facilities are provided for detailed examination of the materials collection.

80-0540
Development and Evaluation of a Sex Education Program for Medical Students.
Lamberti, J. W. and Chapel, J. L.
Journal of Medical Education 52(7):582-586, July 1977.

A sex education program for medical students at the University of Missouri-Columbia School of Medicine intended to provide knowledge of sexual behavior, modify attitudes which block understanding of sexuality, and develop skills for the evaluation and management of sexual problems. A 2-day forum was offered to first-year students on a voluntary basis. Approximately 70 percent of the class attended the first forum and 90 percent attended the second forum. The main technique employed, a "desensitization" strategy, involved lectures, films, and group discussions. The films were explicit and arousing, but eventually became boring; lectures, given prior to or concurrently with the film, offered social, cultural, and statistical information; discussions, taken up after the films, formed the greatest source of desensitization. Discussions were led by facilitators who had previously acted as group leaders. Results from a Sexual Knowledge and Attitude Test, designed by Lief and Reed, indicated that workshop participants exhibited significant shifts in a more "liberal" direction. These shifts should contribute to the students' abilities to deal with sexual dysfunction in their patients. Group discussion seemed to be the major vehicle for positive change, as the facilitators act as models of openness and candor. 12 references.

80-0541
A Sex Education Program in a Therapeutic Pre-School.
Ware, L. M.; Woods, R.; and Gamsu, E.
21 p., September 1977.
Available from: ERIC; Order No. ED-161 199.

A sex education program for preschool children with emotional and learning problems living in a therapeutic center is discussed. The program, incorporating the "Baby Week" method, combines experiential and didactic learning sequences with voluntary participation geared to the developmental needs of this age group. The program is scheduled for the spring months when most children involved will have attended the center's program for several months. In the weeks immediately preceding the unit on "human babies," topics discussed include the growth concept, gardening,, and the care of baby animals. Human babies are introduced to the group after the children have viewed a picture sequence of fetal development. Other activities include examining baby clothes, watching a videotape of natural childbirth, listening to popular children's songs surrounding this topic, and hearing readings of illustrated children's books. With structured play materials, teachers help to provide a setting in which curiosity and exploration are fostered with safety and within limits. 7 references.

80-0542
Sex Education and Knowledge of Pregnancy Risk Among U.S. Women.
Zelnik, M.
Family Planning Perspectives 11(6):355-357, November-December 1979.

Information on sex education based on data from the 1976 National Survey of Young Women focuses on four questions: (1) how many American teenage women have sex education courses and where; (2) how many of them know when during the monthly cycle pregnancy is most likely to occur; (3) what is their source of information; and (4) how effective are these various sources of pregnancy-risk information. Results indicate that 7 in 10 never-married women aged 15-19 have had a sex education course, almost all of them in school. Six in 19 of those who have had a course with information on the menstrual cycle

claim to know the period of greatest pregnancy risk; but only one-third of those who have had such a course can, in fact, correctly identify the time when the risk of pregnancy is highest. Medical personnel and facilities convey information about pregnancy risk the most effectively but are the first source for only a fraction of teenagers. Friends are the poorest source of information for all students surveyed. Knowledge of the period of risk is a particularly important issue in relation to teenage pregnancy, because many sexually active teenagers say they do not use contraception because they believe they are protected from the risk of pregnancy by the time of month when they have intercourse.

80P-0543
Rock Project.
Kamen, K.
The Population Institute, 1111 Kearny Street, No. 8, San Francisco, CA 94133

Funding Sources: Population Inst., Washington, D.C.
1975 - Continuing.

The Rock Project, which informs teenagers about responsibilities of parenthood by sharing the life experiences of role models in the music industry, is a program of the Population Institute, a national nonprofit public service organization concerned with informing young people about alternatives to unwanted pregnancies. Materials disseminated by the project include (1) Pregnant Pause, a quarterly newsletter which is available in English and Spanish whenever the topics relate to the Spanish-speaking population; (2) Trigger Tapes, a package of cassettes, with corresponding discussion questions, which contain comments by 10 popular singers who share their feelings about sexuality and parenthood; and (3) Rock Spots, a series of 30- and 60-second public service announcements with popular singers. The project keeps in close contact with the music industry, Planned Parenthood Associations, and other agencies.

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